Preparing Students with ASD for Inclusive Classrooms: A Case Study of Giant Steps

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Abstract

Giant Steps is a therapeutic school for children with Autism Spectrum Disorder (ASD) founded in 1995 by a group of parents who felt that the public school system was not fully able to meet the needs of their children. While the education system has progressed through the years to offer all students with access to public education, many educators still are not adequately prepared to provide inclusive learning environments for students with ASD. Given the prevalence of ASD in southern Ontario (1 in every 42 boys and 1 in every 189 girls), research on ASD and inclusive practices is both vital and timely. The purpose of this qualitative case study is to understand how the Giant Steps program prepares and transitions students with ASD for inclusive classrooms. Data was collected through two rounds of in-depth interviews, and was subsequently analyzed and interpreted into research findings that are presented through three major themes (i.e., unique program aspects, holistic approach, inclusion not integration). Collectively, the themes provide insights about how students at Giant Steps are prepared for inclusion, as well as how different stakeholders within the Giant Steps program perceive inclusion and their role in preparing students for inclusive classrooms.

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Table of Contents

Page

List of Tables

Table **Page**

List of Figures

Figure **Page**

CHAPTER I: BACKGROUND AND THEORETICAL FRAMEWORK

Canada has a deep-rooted history within special education that reflects an acceptance of diversity that continues to define the fabric of Canada today. The history of special education in Canada can be traced back to the 19th century when the first special education school (a Quebec school for the deaf) was opened in 1831 (Loreman, 2014). In Ontario, special education began in 1906 (Schlifer, 2005). The early efforts to educate children with special learning needs illustrate and extend Canada's *mosaic of people* (Arthur & Lalande, 2009) and respect for individual differences. Although much of the early language used in describing individuals with exceptionalities is now considered offensive (e.g., "mentally retarded", "feeble-minded", "insane"), a responsibility for the wellbeing of individuals with exceptionalities was recognized during the 19th century.

Consideration for students with exceptionalities has since grown, through both deliberate means and also as part of promoting more holistic education in Ontario. The publication of the *Report of the Royal Commission on Education in Ontario* in 1950 called for an expansion of special education programs (Ministry of Education, 2008), while the 1968 *Hall-Dennis Report* more broadly endeavoured to modernize Ontario education towards a more child-centred approach that focused on the needs of students (Ministry of Ontario, 1993). The needs of students with exceptionalities in particular were considered with the development and passing of *Bill 82: The Education Amendment Act* in 1980. The goal of *Bill 82* to enhance service provision of special needs programs (Ministry of Education, 2012) was reaffirmed through the *Individual Education Plan Standards* document released by the Ministry of Education in 2000.

Special education reforms continued to be introduced through the early 2000s, with a number of resultant documents and/or reports being published accordingly: *Investing in Public*

Education: Advancing the Goal of Continuous Improvement in Student Learning and Achievement (2002), *Education for All: The Report of the Expert Panel* (2005), *Special Education Transformation: The Report of the Co-Chairs with Recommendations of the Working Table on Special Education* (2006), and *Ontario's Equity and Inclusive Education Strategy* (2008). Each document and/or report is presented and discussed with context in Chapter II. In certain regards, these special education reforms have been created for a specific population of students with exceptionalities: students with Autism Spectrum Disorder (ASD).

A Growing Prevalence of ASD: Implications for Ontario Education

ASD is known as a neurological disorder that causes deficits in communication and interaction, and repetitive and restrictive behaviours (American Psychiatric Association [APA], 2013). Although all individuals diagnosed with ASD will experience difficulties in these two areas, ASD is now accepted as a spectrum disorder, the severity of which varies depending on the individual (APA, 2013). According to Autism Speaks Canada (2013), 1 in every 42 boys and 1 in every 189 girls is identified with ASD, representing a diagnostic increase of 78% over the past six years. Despite its growing prevalence, the definitive cause of ASD is still unknown (Tyrell, 2006). The most recent Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is evidence of the continued struggle to understand the complexity of ASD as five previously linked Autism-related disorders (childhood disintegrative disorder, autistic disorder, Asperger's, Rett syndrome, and pervasive developmental disorder not otherwise specified) have now been combined under the all-encompassing ASD diagnosis (APA, 2013). While researchers continue to work towards finding the cause of ASD, teachers and education staff must work within the current understandings to provide optimal education to students with ASD.

With the current mandate for inclusion in Ontario, educators are required to provide meaningful learning environments for children with ASD within inclusive classrooms (when possible) (Ministry of Education, 2013). It is widely accepted that 'inclusion for all' effectively provides such a learning environment, and yet the notion of inclusion for students with ASD remains rather ambigious in the literature (Berg & Schneider, 2012; DeLuca, 2013; McCurdy & Cole, 2014). Inclusive learning environments are often not as meaningful for students with ASD as they are for typically developing students, a point that was explored in this case study. In some cases for students with ASD, educational instruction may be best enacted first in self-contained environments (see Appendix A) that include a systematic plan for return to inclusive classrooms (Lindsay, 2007). Giant Steps is a one such program that provides academic instruction as well as behavioural, communication, and social therapy programming with a systematic plan for all students to be assimilated back into inclusive classrooms.

A Case Study of Giant Steps

Giant Steps is unique as it dually operates as both an educational setting (that offers academics from kindergarten to grade 8 taught by special education teachers who are part of their local school board) and as a therapy centre (that provides a range of therapies administered by certified therapists who are employed by Giant Steps). Students of Giant Steps are supported individually by program assistants (see Appendix A) while the overall school is managed by an executive director. Furthermore, parents of Giant Steps students are heavily invested and involved in their children's educational experience at the school. Giant Steps is a registered not-for-profit organization that requires fundraising and student tuition to deliver its unique program and services for students with ASD. Having been originally founded in 1981, there are now five

Giant Steps locations across Canada, the United States, and Australia. This case study focuses on one particular Giant Steps location.

The mission of Giant Steps is to build students' academic and social skills with the intention of facilitating their transition into inclusive classrooms. Through the integrated delivery of academics and therapies, Giant Steps staff provide students with holistic and individualized programs based on their specific learning needs. Students will progress through the Giant Steps program until they are deemed ready for inclusion, at which a plan for transitioning into their homeschool (see Appendix A) is developed and includes meeting with the homeschool principal and teacher. Before students begin their inclusive placements, the executive director and a teacher from Giant Steps will conduct a classroom visit to educate the classroom peers about ASD as well as the specific student from Giant Steps. The Giant Steps inclusion process is a gradual transition from Giant Steps into the homeschool, and eventually into life beyond an educational setting.

Problem Statement, Purpose Statement, and Research Questions

Giant Steps continually uses current literature and research on inclusive practices for children with ASD to conduct and inform the delivery of its program. However, no research has been conducted on Giant Steps to examine its inclusion process for students with ASD. It is therefore the purpose of this qualitative study *to explore how the Giant Steps program prepares students with ASD for transition into local inclusive classrooms and the perceptions held by different stakeholders about inclusion*. The following research questions have been developed to guide this research study:

1. How does Giant Steps prepare children with ASD for inclusion?

2. How do educators, therapists, program assistants, and parents perceive their role in preparing students with ASD for inclusion?
3. How do educators, therapists, program assistants, and parents enact their role in preparing students with ASD for inclusion?
4. What are the beliefs of participants about the nature of inclusion?

ASD is a disorder that is increasing at a rapid pace within the current student population. Increasingly, students are beginning their schooling having already been diagnosed with ASD; and researcher suggest (Bennett & Wynne, 2006; McCurdy & Cole, 2014; Lindsay, 2007; Lindsay, Proulx, Thomson & Scott, 2013; Lupart & Webber, 2012; Roberts et al., 2008) that inclusive classroom settings may not be the best option for educating certain students with ASD. Therefore, this case study of Giant Steps is both timely and relevant in investigating how Giant Steps prepares students with ASD with the necessary tools to be successful in an inclusive classroom by first withdrawing them from their homeschool into a specialized self-contained program. The environmental context of Giant Steps is informed by Bronfenbrenner's bioecological model of human development that represents the theoretical framework for this study and is overviewed in the next section.

Theoretical Framework: Bioecological Model of Human Development

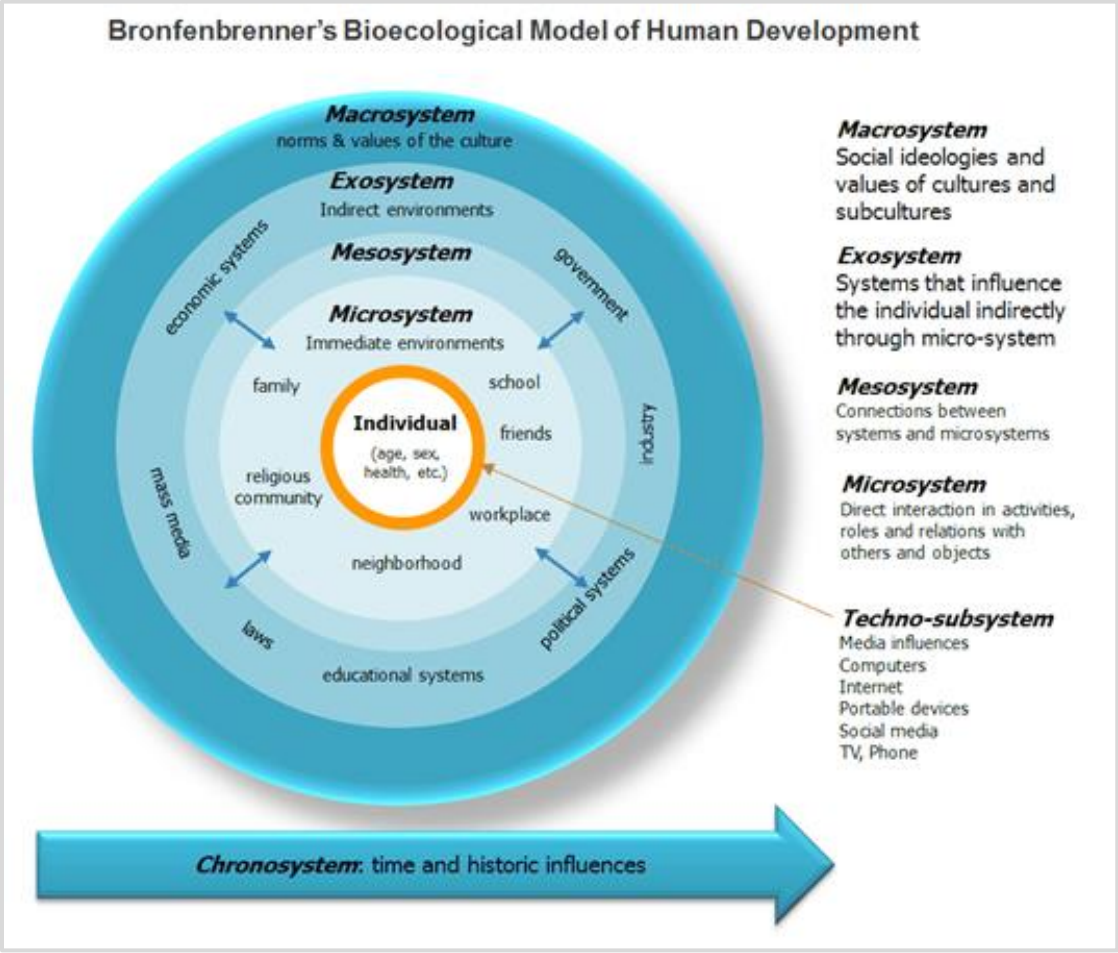
The bioecological model of human development (reconceptualized in 2007 from ecological systems theory) was developed by Urie Bronfenbrenner who presumed that human development is a dynamic process that is interconnected through a series of nested structures, environmental contexts, or ecological systems (Bronfenbrenner, 1994; Brofenbrenner & Morris, 2007). The foundational underpinning of Bronfenbrenner's work was in understanding the environment as intrinsically connected to individual existence (Rosa & Tudge, 2013). Similarly,

Darling (2007) thought it impossible to understand the development of a person in isolation. The original ecological systems theory was developed and adapted into the field of education – and referred to as the ecology of education (Brofenbrenner, 1976) – as a means of studying the process of human (or student) development through various environmental contexts and the interconnections that exist between them (Anderson, Boyle, & Deppeler, 2014). Bronfenbrenner's (1976) ecology of education was recently reconceptualized by Anderson et al. (2014) into the ecology of *inclusive* education and was extended to researchers as an operational and theoretical framework within which to situate their work:

> The *ecology of inclusive education* allows for studies adopting either quantitative or qualitative approaches and can be used for small studies taking a snapshot of a single point in time or large-scale in-depth studies conducted over many years, across any number and type of school settings. (Anderson et al., 2014, p. 31)

Given that Bronfenbrenner (1977) contended that people need to be observed in the actual environment where their lives take place, the empirical nature of this qualitative case study of Giant Steps is appropriately framed by the ecology of inclusive education and Bronfenbrenner's bioecological model of human development as depicted in Figure 1. Bronfenbrenner's work was theorized in the late 1970s (Brofrenbrenner, 1977; 1979) and has since become recognized as a foundational theory of human development (Darling, 2007). The theory consists of five ecological systems (microsystem, mesosystem, exosystem, macrosystem, and chronosystem) that are each explained in turn.

Figure 1. Bronfenbrenner's Biological Model of Human Development



Note. Source: Lichtenberger, 2012; reprinted with permission (see Appendix B)

Microsystem

According to Bronfenbrenner (1994), the interactions between children and their immediate environment or setting (e.g., family, child care, playground, school, peer group) comprise the microsystem, the innermost system wherein family tends to be the focus during early development. While family is the predominant microsystem for an infant or young child, his or her ecology becomes increasingly complex as the child is introduced to microsystems such as school and peer groups as the child grows older (Bronfenbrenner, 1976; Bronfenbrenner, 1994; Shaffer, Kipp, Wood, & Willoughby, 2010). In order to optimize the microsystems of children, they must be prominent and sustained, meaning there must be frequent interaction between children and their immediate environment over an extended period of time (Bronfenbrenner, 1994). Of particular influence is the notion of *proximal process* developed in the 1990s to enhance the understanding of microsystems (Brofenbrenner, 1994). Considered as a catalyst of human development, Rosa and Tudge (2013) describe proximal process as "the role played by the person in his or her own development" (p. 251). In the case of Giant Steps, "the role play by the person" (Rosa & Tudge, 2013 p. 251) would be the students and how they are able to develop and build strategies to address their learning needs with the help of Giant Steps staff.

Where the reciprocal interactions between an individual and their environmental was the essence of Bronfenbrenner's earlier work, the added consideration for an individual's biological foundations (biopsychology) underpinned a more appropriately titled *bio*ecological model of human development (Brofenbrenner & Morris, 2007). As biopsychology is directly affected by neurological impairments (as is the case for children with ASD), recognizing Brofenbrenner's systems theory as bioecological is crucial for this case study of Giant Steps where students'

biological foundations are defined by their ASD diagnosis. Proximal processes, as defined above, can lead to six specific outcomes as explained by Bronfenbrenner and Ceci (1994): "1) differentiated perception and response, 2) directing and controlling one's own behaviour, 3) coping successfully under stress, 4) acquiring knowledge and skill, 5) establishing and maintaining mutually rewarding relationships, and 6) modifying and constructing one's own physical, social and symbolic environment" (p. 569). As these outcomes become more significant and influential on children, their proximal processes evolve over time and act as mechanisms through which genetic potential can be achieved (Bronfenbrenner & Ceci, 1994).

It is also important to note that proximal processes have more influence on individuals' development than the actual environment of their microsystem (Bronfenbrenner, 1994). This applies to the case study in that the self-contained environment in which Giant Steps students are being educated is not as important as their actual development within their microsystems. The environment or setting that comprises the microsystem is affected by a variety of particular elements such as time, place, physical features, activities, participants, and roles (Bronfenbrenner, 1977). Within this case study, a number of these elements were identified in the data and are discussed in the findings as they relate to the academic and therapy microsystems of Giant Steps.

Mesosystem

Brofenbrenner (1976) summarized the mesosystem as the interrelationships across settings, essentially a "system of microsystems" (p. 12) in which a child is involved. For instance, the relationships between the academic and therapy microsystems of Giant Steps can be understood as an academic-therapy mesosystem. Strong relationships between the microsystems can benefit the development of the child, whereas weak relationships can be detrimental

(Brofenbrenner, 1976; Rosa & Tudge, 2013). For example, the integrated academics and therapies at Giant Steps were found to support the development of students, whereas separated academics (delivered within public schools) and therapies (administrated by private therapists) were found to be problematic for reasons that are discussed in the findings. As another example, the development of children with ASD is influenced by the school-home mesosystem in that what students with ASD learn at school must be reinforced at home to sustain their development. Therefore, consistent routines and reinforcements across the school and home microsystems will positively impact the development of children with ASD; but inconsistencies between the home and school can hinder their development. For this case study of Giant Steps, the relationship between the environmental contexts of students' homeschools and Giant Steps represent a primary mesosystem of interest. Students are prepared for inclusion within the microsystem of Giant Steps which then insects with the homeschool microsystem when students are ready to be transitioned into an inclusive classroom.

Exosystem

Comparable in some respects to the mesosystem, the exosystem similarly comprises the interactions between two or more settings; however, the distinguishing feature of the exosystem is that one or more of the settings do not include the developing child (Brofenbrenner, 1977; 1994). As a result, the exosystem often can be overlooked due to its indirect effect on the development of an individual (Brofenbrenner, 1977). The contexts of these indirect settings nonetheless influence the development of the child; and, Shaffer et al. (2010) offer examples of how students' school experience may be affected by their exosystem (e.g., school board changes, loss of school funding). An example of a positive effect within the exosystem of children with ASD occurred in 2007 when the Ontario Ministry of Education instituted Policy/Program

Memorandum No. 140 (PPM 140) as a policy framework or directive for all children diagnosed with ASD, where appropriate, to receive Applied Behaviour Analysis (ABA) methods provided by the child's school board and at no additional cost to the parent (Autism Ontario, 2008; Ministry of Education, 2007; see Appendix A). Conversely, a significant funding cut to Ontario education in 1999 resulted in changes in how funding was allocated to students with exceptionalities (Ministry of Education, 2001; Morgan, 2003). Morgan (2001) critiqued this funding structure for its deficit approach that indirectly yet adversely affected the experience of children with ASD. In regard to the case study being conducted here, the development of students with ASD can be effected by exosystems such as the self-contained environment of Giant Steps, inclusive environments within homeschools, and special education policies of the local school board.

Macrosystems

The macrosystem is the outermost system that contextualizes the societal, political, and ideological patterns of the inner (exo-, meso-, and micro-) systems (Brofenbrenner, 1977; 1976; Rosa & Tudge, 2013). The societal perceptions of special education, government value of special education, and the implicit ideas regarding special education and inclusion within each macrosystem can affect the development of students with exceptionalities. As Canada is a nation that embraces diversity, it can be particularly difficult to discern within the macrosystem how the inclusive practices of students with exceptionalities compare to inclusive education for other diverse student populations (e.g., newcomer youth, LGBT communities).

Chronosystem

The later addition of a fifth ecological system by Brofenbrenner (1994) incorporated a temporal dimension termed the chronosystem, understood as how the changes in a person or

environment that occur over time can influence the direction of development. The chronosystem takes into account time, not only from the perspective of the person's chronological age but also historically, in how it affects the person as well as their surrounding environment (Bronfenbrenner, 1994). In this case study, the age of the students can influence the effectiveness of the different therapies offered at Giant Steps. For instance, with early intensive intervention based on the principles of ABA, children with ASD can develop communication, social, and academic skills consistent with their expected developmental milestones (Jacobson, Mulick, & Green, 1998).

Despite the prominence of the bioecological model of human development, Bronfenbrenner and others (Darling, 2007; Rosa & Tudge, 2013) have provided several critiques and limitations associated with the framework. Darling (2007) critiques Bronfenbrenner's theory by stating that it did not focus on specific domains such as social relations but instead focused on a scientific approach. Rosa and Judge (2013) state that too many researchers only focus on Bronfenbrenner's original ecological systems theory and disregard his later additions which take into account time (i.e., the chronosystem), context, and proximal process which the original theory neglected to discuss. In acknowledging these critiques, the theoretical framework of this study case study is the bioecological model of human development where the biological foundations of students at Giant Steps is both recognized and embraced as fundamental to this research on inclusive practices for students with ASD.

Scope and Limitations

Inclusive practices for students with ASD represented the scope of this case study that explored Giant Steps, a self-contained therapy school for students with ASD. Inclusive practices for students with other exceptionalities were beyond the scope of this case study as it would have

been an overgeneralization to assume that the Giant Steps inclusion process was transferrable to students with non-ASD exceptionalities. A potential limitation to the scope of inquiry is student population size in that Giant Steps admits a maximum of only 24 students at any given time due to the costs of employing in-house therapists. The student population of Giant Steps, however, cannot be judged against typical schools that average classroom sizes of approximately 30 students. The mission of Giant Steps – "building the skills and abilities of children with Autism Spectrum Disorder and enabling their meaningful participation in their families, schools and communities" (Giant Steps Inc., n.d.) – actually lends itself to a smaller student population as staff are able to deliver individualized programming more effectively.

A true limitation to the scope of inquiry was the nature of the participant groups who were unique to Giant Steps and thus offered perspectives and perceptions that are not easily transferrable to other inclusive practices for students with ASD. An executive director, in-house therapists, and program assistants are unique positions within Giant Steps that do not exist within public schools boards. The distinctive role perceptions and enactments by these participant groups as identified in the findings of this case study can hopefully offer insights to comparable positions (i.e., school principals, school board consultation specialists, and educational assistants, respectively) that are involved in inclusive practices for students with ASD.

Outline of the Study

An introduction and background to the case study was provided in Chapter I through presenting the rationale that the growing prevalence of ASD has implications for Ontario education. The problem and purpose statements as guided by the research questions were presented next, followed by a discussion of the theoretical framework consisting of the bioecological model of human development. In Chapter II, a comprehensive review of the ASD

and inclusion literature is presented first through separate historical timelines – the evolution of ASD through the Diagnostic and Statistical Manual of Mental Disorders and the history and evolution of inclusive practices in special education – and then through reviews of the literature on inclusive practices. Chapter III begins with the case context for Giant Steps, followed by a methodological discussion of the interpretive worldview, the case study approach, and the research design (i.e., participant recruitment, sampling procedures, data collection and analysis). Chapters I to III collectively inform the research findings as discussed in Chapter IV.

The findings are presented as major themes (with respective subthemes) that were developed through data reduction and interpretation. The program aspects of Giant Steps represent the first major theme of findings that expound the uniqueness of Giant Steps in terms of its self-contained environment (sub-theme 1), individualized program goals (sub-theme 2), and staff expertise and knowledge exchange (sub-theme 3). The second major theme was the holistic approach of the Giant Steps program that is delivered through a collaborative/team approach (sub-theme 1) and through understanding the various and unique role perceptions and enactment (sub-theme 2) among Giant Steps staff and parents. Understanding that the Giant Steps transition process promotes inclusion (i.e., engaging and meaningful experiences in inclusive classrooms) and not integration (i.e., simply being placed in inclusive classrooms) is the third and final major theme that was developed based on participants' perceptions of inclusion, and the efforts to create inclusive learning environments (sub-theme 1) and establish peer relationships (sub-theme 2). The three major themes are synthesized and critiqued in Chapter V, which is followed by discussing the implications of the research findings for both the theoretical framework and educational practices. The limitations of the case study and future research opportunities are presented in two concluding discussions for Chapter V.

CHAPTER II: LITERATURE REVIEW

With a specific focus on Autism Spectrum Disorder (ASD), outlined in this chapter is how services provided to children with ASD and other exceptionalities have evolved over time. A historical timeline approach is used to explore the changes that have occurred in the Canadian education system, and specifically in Ontario. The chapter begins by retracing the development and diagnosis of ASD in accordance with the Diagnostic and Statistical Manual of Mental Disorders (DSM). The next section of this chapter chronicles the general history and evolution of inclusive practices in special education, with specific attention to the 1980 *Education Amendment Act* and the special education reforms that followed in the subsequent decades. This evolution has progressed from fully self-contained and withdrawal programs to inclusive practices. The empirical research conducted on inclusive practices is then reviewed, and is followed by a more focused discussion on inclusive practices and interventions for students with ASD to conclude the chapter. Given that the case study of Giants Steps is a therapeutic school for children with ASD, Autism warrants the foremost discussion of Chapter II.

The Evolution of Autism through the DSM

The DSM was developed by the American Psychiatric Association (APA) as a method of classifying mental disorders for children and adults (see Appendix A). The DSM lists all known causes of disorders, related statistics, as well as research about the optimal treatments for each disorder (APA, 2013). In 1952, the first edition of the DSM (DSM-I) was developed, and within which there was no category for Autism. All children with severe psychiatric disorders were labelled within the broad terms of ‘childhood schizophrenic reaction’ or ‘schizophrenia childhood type’. However, the DSM-I did mention that Autism was a symptom of these conditions. The term *Autism* was first used in schizophrenia research by scientist Blueler in 1911

to describe schizophrenic tendencies of isolation (Glazzard & Overall, 2012; Lubetsky & Handen, 2011; Simmons, 2006). The word Autism comes from the Greek word *autos*, meaning self (Glazzard & Overall, 2012), in reference to the belief that individuals with Autism are trapped within themselves.

In 1943, Leo Kanner published a paper entitled *Autistic Disturbances of Affective Contact*, which is considered one of earliest known discussions of Autism as a separate disorder from schizophrenia (Glazzard & Overall, 2012). Around the same time, Hans Asperger first described Asperger's Disorder in 1944 by observing boys with normal intelligence and language development but who experienced difficulties with social and communication skills as well as presented some Autism-like behaviours (Attwood, 2006). The separate though parallel works of Kanner and Asperger have both been credited as the discovery of Autism (Lyons & Fitzgerald, 2007). After first noticing that a number of children were different from any other cases previously reported, Kanner and his collaborator, Leon Eisenberg, followed more than a hundred cases of children suspected to have Autism over the next thirty years (Lubetsky & Handen, 2011).

Despite the omission of Autism in the DSM-I, Kanner identified two fundamental criteria established for diagnosing Autism in 1956: the inability to relate in a typical way to people and situations; and, the inability to learn to speak or to convey meaning to others. Kanner believed that there was an underlying biological cause and genetic risk for Autism (Lubetsky & Handen, 2011). However, since there was no means to credit this finding scientifically, Kanner did not explore this theory further. Researchers including Kanner have also theorized that there was a lack of parental warmth within families who had a child with Autism, a theory that has since been rejected (Ernsperger, 2006). In 1956, Kanner identified the disorder of 'infantile Autism',

which was believed to be a childhood disorder that developed into Schizophrenia (Volmar, Bregman, Cohen, & Cicchetti, 1988). Following Kanner's work, research in Autism expanded with many hypotheses suggesting the lack of nurturing mothers and poor parenting was a primary cause of Autism (Ernsperger, 2006; Lubetsky & Handen, 2011). In 1952, Mahler proposed that children with Autism could not differentiate their mothers from inanimate objects and therefore could not establish emotional ties with others; and in 1967 Bettelheim advanced the idea that a cold and unresponsive parenting style could be the cause of Autism (Lubetsky & Handen, 2011).

Over the span of two decades (1950-1970), Autism research expanded significantly and a popular theory emerged hypothesizing that children with Autism suffered from a broad range of vulnerabilities combined with inadequate environmental support (Kaplan, 2006; Lubetsky & Handen, 2011). The belief that parenting styles were the cause of Autism was contested in 1964 by Rimland who published a book entitled *Neural Theory of Behaviour* which proposed that neurological factors were the cause of the disorder (Kaplan, 2006), a finding that Rutter would substantiate in 1979 (Lubetsky & Handen, 2011). Despite the shifting understanding of Autism as a neurological disorder, there were subsisting beliefs that parenting styles were a cause of Autism. The DSM-II was published in 1968 with little to no developments regarding Autism which was still associated with childhood schizophrenia (Watkins, n.d.). It was not until the next edition of the DSM that Autism was no longer categorized among the diagnostic criteria for childhood schizophrenia.

Consistent with the growing body of research in Autism, the publication of the DSM-III in 1980 contained infantile Autism (originally established by Kanner in 1943) under a new class of disorders termed pervasive developmental disorder (PDD) (Volkmar, Bregman, Cohen &

Cicchetti, 1988). Under this new category of PDD were two criteria for infantile Autism: childhood-onset Autism and residual childhood-onset pervasive developmental disorder (COPDD) (Volkmar et al., 1988). An atypical PDD category was also included for individuals who demonstrated partial criteria for either infantile Autism or COPDD (Volkmar et al., 1988). In order for children to be diagnosed with infantile Autism, they had to exhibit symptoms (e.g., excessive lack of social relationships and/or communication and an absence of delusions and hallucinations which excluded schizophrenia) before 30 months (Volkmar et al., 1988).

Revisions were required to the DSM-III following the identification of various inconsistencies and clarity issues regarding the DSM-III criteria for the different disorders (Volkmar et al., 1988). As a result, the criteria for Autism were broadened in the 1987 edition of the DSM-III-R. The criterion that individuals had to be diagnosed with a form of Autism prior to reaching 30 was removed and individuals could be diagnosed with Autism at any age or developmental level. The *residual* category in the DSM-III was also removed in the DSM-III-R (Lubetsky & Handen, 2011). The term *infantile Autism* was also dropped as it was recognized that all individuals diagnosed with Autism continued to display symptoms even after early childhood (Volkmar et al., 1988).

The previous criteria used in the DSM-III to diagnose COPDD, atypical PDD, residual infantile Autism, and residual COPDD were all removed and a new set of criteria was established (Volkmar et al., 1988). The DSM-III-R retained the term *pervasive developmental disorder* for the general class term and a new disorder was created called *autistic disorder* (Volkmar et al., 1988). The new criteria for autistic disorder were a series of 16 criteria that were divided into three overlapping categories related to social, communicative and/or symbolic dysfunction, and restricted range of activities or interests (Volkmar et al., 1988). In order to be

diagnosed with autistic disorder, individuals had to exhibit 8 of the 16 criteria or symptoms during infancy or childhood (Waterhouse, Wing, Spitzer & Siegel, 1992). PDD did not specify when symptoms had to occur and individuals were diagnosed with PDD when they met some but not all of the criteria for autistic disorder (Waterhouse et al., 1992).

Prior to the DSM-III-R, COPDD was not considered to be an autistic condition but, instead, a distinct disorder known as 'Dementia Infantalis' (Burd, Fisher & Kerbeshian, 1988). Within the DSM-III, onset of COPDD ranged between 30 months to 12 years of age (Burd et al., 1988; Waterhouse et al., 1992), whereas children with autistic disorder were diagnosed between 18 to 36 months. Similar to autistic disorder, COPDD limited speech, social skills, and stereotypical behaviours (Burd et al., 1988). Three or more of the following symptoms also had to be displayed in order to be diagnosed with COPDD: excessive anxiety, inappropriate affect, resistance to change, awkward motor movement, prosodic abnormalities, sensory issues, self-mutilation, and absence of thought disorder (Waterhouse et al., 1992).

Researchers at this time also began to explore why individuals with autistic disorder had difficulties with social interaction. An informative theory developed in this regard was known as Theory of Mind (ToM), which was seen as the ability to recognize and interpret people's observable behaviours regarding their underlying mental-emotional state (e.g., thoughts, feelings, desires, and intentions) (Laursen & Yazdgerdi, 2012; Zunshine, 2014). ToM began to be associated with Autism to help explain individuals' difficulties in understanding other people's apparent behaviours (Laursen & Yazdgerdi, 2012). A study conducted by Baron-Cohen, Leslie, and Frith (1985) concluded that children with Autism who failed to demonstrate ToM did not understand the difference between their own knowledge and the knowledge of others. This inability to empathize with others was termed 'mind blindness' by Baron-Cohen et al. (1985).

Mind blindness has now become commonly associated with ToM to help describe children with Autism (Laursen & Yazdgerdi, 2012). Although not a recognized criteria in the DSM-III-R, many physicians used ToM to diagnose individuals with Autism (Laursen & Yazdgerdi, 2012).

The DSM-IV was published in 1994 with four subcategories for the disorders of Autism. While autistic disorder was retained, two new disorders (childhood disintegrative disorder, and Asperger's disorder) were introduced (Ozonoff, South, & Miller, 2000; Volkmar & Rutter, 1995). PDD was also retained, although as a catch-all diagnosis and relabelled as pervasive development disorder not otherwise specified (PDD-NOS), and encompassed Rett disorder (APA, 2000). Rett disorder was classified by normal developmental progress for the first five to six months, after which developmental delays and abnormalities begin to occur between seven to eighteen months of age (Charman et al., 2002). The criteria for Rett disorder include loss of motor skills, speech, hand skills, and non-verbal communication skills. Childhood disintegrative disorder was included in the previous DSM-III under COPDD (Volkmar & Rutter, 1995). For Asperger's disorder, communication skills were present and individuals seemed socially aware but were unable to understand social protocol (Mayes, Calhoun, & Crites, 2001). Text Revisions to the DSM-IV were made in 2000 and the manual was republished as the DSM-IV-TR with new diagnostic criteria for Autism disorder (previously autistic disorder) that included: impairment in social interaction; impairments in communication; restricted, repetitive, and stereotyped patterns of behaviour, interests, and activities; and delays or abnormal functioning in at least one of the above areas (APA, 2000; Attwood, 2006).

Most recently defined in the DSM-5 that was released in 2013, Autism Spectrum Disorder (ASD) is now a new collective term used for all pervasive neurodevelopmental disorders and is characterized by "persistent deficits in social communication and social

interactions across multiple contexts, restricted repetitive behaviors and must present in early development" (APA, 2013, p. 50). Onset of ASD occurs before the age of three and is characterized by the child's impairment in two – reduced from three – symptom categories: social interaction and communication and restricted repetitive behaviours (RRBs), self-stimulation, and/or an obsession to certain activities (Kaufman & Landrum, 2013). The main changes to the diagnostic criteria for ASD between the DSM-IV-TR and DSM-5 are depicted in Figure *2* below:

Figure 2. Changes to the DSM Diagnostic Criteria for ASD

Table 1 – Proposed changes to the diagnostic criteria for autism spectrum disorder

DSM-IV-TR	DSM-V
Rett disorder or syndrome was in the spectrum	Rett disorder is eliminated because it is considered a genetic disease.
Named disorders: •Pervasive developmental disorder-not otherwise specified •Asperger disorder •Childhood disintegrative disorder •Autistic disorder	These disorders will be consolidated within the category of autism spectrum disorder.
Unusual sensory behaviors were not part of the criteria.	Unusual sensory behaviors will be added to the criteria.
3 Symptom categories: •Impairment in social interaction •Impairment in communication •Repetitive and restrictive behaviors	2 Symptom categories, with more criteria per category: •Deficits in social communication and social interaction •Repetitive and restrictive behaviors

DSM-IV-TR, Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision); *DSM-V, Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition).

Note. Source: Harrington, 2013; reprinted with permission (see Appendix B)

There currently is no medical test for diagnosing children with ASD (National Autism Center, 2015; Simmons, 2006). However, qualified ASD specialists (e.g., trained physicians, physiologists, psychiatrists, pediatric neurologists, and/or development pediatricians) can administer an observational evaluation to assess whether or not a child meets the criteria for ASD as set out by DSM-5 (Autism Speaks Canada, 2013; National Autism Center, 2015).

Autism Spectrum Disorder (ASD)

As a complex neurodevelopmental disorder, ASD is considered an inherited, neurological, developmental, and life-long disorder (Hallmayer et al., 2011). Individuals diagnosed with ASD differ greatly and thus experience symptoms that range from mild to profound (Adams, 2012). The term *spectrum* is used to represent the continuum of severity and underscores that ASD is not a unified syndrome (Adams, 2012). The most recent prevalent rate of ASD as reported by Autism Speaks (2015) is that ASD affects 1 in 94 children in Canada and 1 in 68 children in the United States. The National Epidemiologic Database for the Study of Autism in Canada (NEDSAC, 2012) reported that there were 1,408 children between the ages of 2 to 14 with ASD in southern Ontario. ASD is one of the most common developmental disorders, and boys are five times more likely to be diagnosed with ASD than girls (Baio, 2014; Laursen & Yazdgerdi, 2012; National Autism Center, 2015). ASD is characterized by deficits in two main diagnostic criteria: social interaction and communication, and RRBs (APA, 2013).

Social communication and social interaction. Every individual with ASD will experience some form of social and communication difficulty, although there is a wide range due to the variance and spectrum of the disorder (APA, 2013; Scheuermann & Webber, 2002). Children with ASD can demonstrate varied communication difficulties including difficulty with the following: interpreting social information, using and/or understanding non-verbal

communication, interpreting behaviours used for social interaction, understanding the mechanics of speech, intonation and voice control, presenting echolalic speech, repetitive and idiosyncratic speech patterns, restricted vocabulary, language comprehension, changing subject topics, and understanding pragmatics (APA, 2013; Camarata, 2014; Scheuermann & Webber, 2002). Due to the various communication deficits among students with ASD, they often struggle with social interactions and responding in socially appropriately manners (Scheuermann & Webber, 2002; Tyrell, 2006). Individuals with ASD have difficulty establishing and maintaining relationships (APA, 2013). Children with ASD may show little to no interest in their peers or reciprocal play (e.g., parallel play), or they may provide atypical responses (e.g., antisocial, not sharing enjoyment with peers) (National Autism Center, 2015). Individuals with ASD typically experience extreme difficulty relating to other individuals and can struggle to understand emotions such as pain or sadness (Kuo, Orsmond, Cohn, & Coster, 2011; Laursen & Yazdgerdi, 2012). The social communication and interaction deficits of individuals with ASD are often a result of their need for routine and structured environments to the point of demonstrating restricted repetitive behaviours.

Restricted repetitive behaviours (RRBs). Children with ASD frequently demonstrate a restricted range of behaviours, interests, and activities that can be viewed as abnormal (APA, 2013; Baker, 2006). Stereotyped behaviours or repetitive motor movements (e.g., hand flapping, spinning, rocking) are self-regulating strategies that children with ASD use when trying to manage their sensations, thoughts, and feelings (Bolick, 2006; Kaufman & Landrum, 2013; National Autism Center, 2015). Other abnormal traits or behaviours often demonstrated among children with ASD include: inappropriate affect (e.g., laughing and/or crying for no apparent reason), bizarre preoccupations, and an obsession with certain activities (Kaufman & Landrum,

2013; Lewis, 2006). Individuals with ASD also need to follow routine and perform tasks in precise detail as minor changes in routine can lead to great distress or even result in aggressive or self-injurious behaviours (APA, 2013; National Autism Center, 2015).

Although Autism was first diagnosed over 70 years ago (Kanner, 1943; Asperger, 1944), there is still no known cause or cure for the disorder. While early theories on the cause of ASD have been disproven, more contemporary research has suggested that dysfunctions in the central nervous system and abnormalities in the structure of the brain contribute to the etiology of ASD (Kita and Hosokawa, 2011; National Autism Center, 2015). Other research has led to findings that environmental factors common to twins with ASD (e.g., parental age, low birth weight, multiple births, and maternal infections during pregnancy) partially may explain why individuals develop ASD (Hallmayer et al., 2011). One of the more dominant streams of research involves genetics with researchers believing that ASD is caused by genetic factors that may influence neurodevelopment, albeit no specific gene has been linked directly to ASD (Bespalova & Buxbaum, 2003; Constantino & Todd, 2003; National Autism Center, 2015; Shastry, 2003; Tchanconas, 2013) Consistent with the evolution of ASD research, educational practices for how best to meet the needs of these unique learners have also evolved. Children with exceptionalities initially received no education (i.e., institutionalization), which changed to education within self-contained environments and withdrawal programs (i.e., segregation), and now inclusive educational classrooms are the accepted practice (i.e., integration and inclusion) (Loreman, 2014). The history of this evolution is now discussed in the following section.

The History and Evolution of Inclusive Practices in Special Education

Since the 1867 educational provisions to Section 93 of The Constitution Act, education has been under provincial jurisdiction and thus to the prerogative of individual provinces and

territories; and for this reason, a ministry of education does not exist at the federal level (Loreman, 2014; Winzer & Mazurek, 2011). Therefore, this historical review of literature will focus specifically on Ontario's educational policies involving special education, although with Canadian-wide context where applicable. Although the educational philosophy used in Ontario has changed over time, the belief of accepting all *normal* students and training them for future careers has remained embedded within the Ontario curriculum (Jordan, 2001; Winzer, 1993). For individuals with exceptionalities, however, opportunities for education and training for future careers were not always available, and particularly throughout the 19th century as individuals with exceptionalities were institutionalized for most part (Schlifer, 2005). This "legacy of exclusion" began to be supplanted with residential schools and segregated classroom throughout the former half the 20th century (Loreman, 2014, p. 35).

With the publishing of the 1950 Royal Commission on Education in Ontario, a significant expansion of segregated and categorized special education programs began and continued throughout the 1950s, albeit this was mostly confined to urban settings (Loreman, 2014; Schlifer, 2005; Zegarac, Drewett, & Swan, 2008). Segregation, understood as the isolated education of students with exceptionalities, was restricted into categorization which grouped segregated classrooms based on exceptionality (Loreman, 2014). Categorized segregation continued into the 1960s which was a crucial decade for special education in Canada for several reasons. First, trends such as IQ testing and the separation of individuals with disabilities from mainstream society were losing support, while trends associated with the *normalization principle* were gaining support (Loreman, 2014). The normalization principle represented the belief that individuals with exceptionalities would behave in socially acceptable manners if they were integrated into mainstream society. The normalization principle was becoming a strong point of

advocacy for children with exceptionalities, and educators were beginning to realize the learning and performance potential of these individuals (Morgan, 2003).

Furthermore, since the 1950s there had been the growing presence of parent and advocacy groups such as the Ontario Association for Children and Learning Disabilities who lobbied the government for changes in the education system to support individuals with special learning needs better (Loreman, 2014; Zegarac et al., 2008). Parents began advocating for their children to be integrated with their peers by arguing that being educated in fully self-contained classrooms did not foster the social benefits associated with peer interactions (Winzer, 1993). In 1968, the *Hall-Dennis Report, Living and Learning: The Report of the Provincial Committee on Aims and Objectives of Education in the Schools of Ontario* ("Living and Learning", n.d.) was published with a focus on child-centred teaching techniques and educational opportunities for all students as exemplified in the following statement:

> The right of every individual to have equal access to the learning experience best suited for his/her needs and the responsibility of every school authority to provide a child centred learning continuum that invites learning by individual discovery and inquiry. (para. 56)

The *Hall-Dennis Report* inspired a new pedagogical model that suggested that most children with exceptionalities were served best by remaining with their peers in inclusive classrooms and receiving individualized assistance only when needed (Zegarac et al., 2008). School boards were mandated in 1969 to educate all students except those who were severally challenged. As a result of this legislation, special needs classes were not offered in every school and thus the learning needs of many students with exceptionalities were not met (Zegarac et al., 2008). Despite the promotion of inclusive education through the *Hall-Dennis Report* ("Living

and Learning", n.d.), certain schools through the 1970s continued to place students with exceptionalities in fully self-contained classrooms based on the belief was that self-contained environments were beneficial because they were able to teach to the students specific learning needs at a slower pace (Edmunds & Edmunds, 2008; Morgan, 2003).

During the latter half of the 20th century, Canada's philosophy progressively changed from one of social responsibility through the institutionalization and segregation of individuals with exceptionalities to one where these individuals were educated and integrated into society to their fullest potential (Loreman, 2014; Winzer, 1993). This change in philosophy was a significant turning point towards integration, an educational practice that Lupart (2000) paralleled with the normalization principle in society and described as removing students with exceptionalities from segregated special education classrooms and placing them in regular classrooms. Concerns among teachers and parents soon arose, however, as "how could we expect special education students, who had been removed from the regular education classroom, to be returned to the very setting where they had failed in the first place?" (Lupart, 2000, p. 5). Originating from U.S. public school settings for older students (Odom & Diamond, 1998), mainstreaming was later introduced into educational rhetoric (perhaps to redress the concerns surrounding integration) and which Sansosti and Sansosti (2012) explained as placing both children with and without exceptionalities in one classroom to be educated together.

Bill 82: The Education Amendment Act

The year 1980 marked a major advancement for special education in Ontario with the implementation of *Bill 82: The Education Amendment Act*. This new legislation was designed to enhance the services provided to children with exceptionalities (Ministry of Education, 2012) by requiring *universal access* to public education for all children, meaning that school boards were

no longer allowed to deny students with exceptionalities access to any school (Bennett & Wynne, 2006; Zegarac et al., 2008). The amendments to the existing Education Act added five new components: universal access, education at public expense, an appeal process, ongoing identification and continuous assessment, and review of appropriate program (Morgan, 2003). These amendments to the legislation rapidly propelled inclusive education forward which transformed the structure of special education (Winzer & Mazurek, 2011). The demand for amendments to the Education Act was a call for inclusion by parents, advocacy groups, and many educators with the hope that it would reshape and change traditional special education practices (Winzer & Mazurek, 2011).

Universal access mandated that all students were to be provided with a placement in a school setting regardless of exceptionality or special education needs, and that these placements were to be covered through public tax dollars (Jordan, 2001). An appeals and tribunals hearing procedure was implemented to address disputes between school boards and parents, as well as to provide a forum for parental input. Jordan (2001) explained, however, that this appeal system was biased in that the only issues open to dispute were the designation and placement of students; the services and programs available to students could not be questioned or changed by parents. In response to this limited appeal system, the Identification, Placement and Review Committee (IPRC) was created under Regulation 181/98 of the Education Act to identify whether students were exceptional and to decide upon their appropriate placements (Ministry of Education, 2007; Morgan, 2003). Students identified as exceptional under the IPRC were then required to have an Individual Education Plan (IEP) developed for them that included consultation with parents (Ministry of Education, 2000; 2007; see Appendix A). In brief, IEPs represent modified, accommodated, and individualized curricula "containing specific objectives

and an outline of special education services that meet the needs of the exceptional pupil" (Ministry of Education, 2007, para. 6).

Although *Bill 82* seemed to provide substantial changes in how special education unfolded in the province, Jordan (2001) contended that, in reality, it only provided minor changes. Furthermore, special education programs and services simply were stated in the *Education Amendment Act* without any mandated requirements, leaving their implementation to the discretion of each school board. As a result, there was no forum within the school board where parents could challenge provisions (or lack thereof) regarding speech training, counselling, and other therapies (Crealock, 1989; Jordan, 2001). Nevertheless, a three-year study by Crealock (1989) exploring teachers' implementation of *Bill 82* found that the bill resulted in changes in teacher attitudes regarding classroom environments. Both special education and homeroom teachers were identified as flexible, student-focused, and believed that they were part of a team that was collectively responsible for providing education to students with exceptionalities (Crealock, 1989).

In 1991, the Minister of Education at the time expressed support of *Bill 82*'s 'universal access' through promoting the integration of all students:

> Exceptional pupils who could benefit from integration into local community classrooms and schools should have that opportunity. More exceptional pupils should be able to participate fully in the life of their local, community school. Our goal can be clearly defined: Wherever possible – where it meets the pupil's needs and where it is the parents' choice – integration should be the preferred option. (Legislative Assembly of Ontario, 1991, para. 77)

As part of this statement of legislature, the Minister of Education discussed integration into classrooms, which was a critical first step towards inclusion. Berg and Schneider (2012) effectively differentiated between inclusion and integration: inclusion is when students with and without special needs are placed in the same mainstream classroom as their peers and learn together in a same age and same grade setting; and integration is when children with special needs are placed in a special classroom for part of the day and the brought into the mainstream classroom for part of the day (Berg & Schneider, 2012). The term inclusion effectively replaced mainstreaming in the early 1990s, and has since become the dominant practice for educating students with exceptionalities (Loreman, 2014; Odom & Diamond, 1998). Inclusion "implied a more embedded (in regular education) and comprehensive (e.g., community as well as school settings) form of involvement of children with and without disabilities than occurred in mainstreamed programs" (Odom & Diamond, 1998, p. 5). A visual representation of the progression from institutionalization in the 1800s to present-day inclusion is provided by Loreman (2014) in Figure 3.

While most parents and teachers believed that full inclusion is morally and philosophically correct, Roberts, Keane, Clark (2008) explains that inclusion is not always the best practice for all students. The idea that inclusion is not always the best practice was highlighted in a noteworthy 1994 IPRC review that placed a student with an exceptionality (cerebral palsy) back into a special education classroom with the rationale that the student was not benefiting from being in an inclusive setting (Supreme Court of Canada, 1997). While the parents did not want their child placed in a special education classroom, it was nonetheless the school's belief that placing the child in a special education classroom would meet his/her learning needs better (Supreme Court of Canada, 1997). Displeased with the IPRC's placement,

the parents of the child brought the case forward to the Supreme Court of Canada where the original ruling was ultimately upheld (Supreme Court of Canada, 1997). Although Ontario is a province that operates under the special education legislation of *Bill 82* that supports inclusion into mainstream classrooms (Edmunds & Edmunds, 2008), inclusion may not always be the best course of action (Roberts et al., 2008) as per Section 15 of the Charter of Rights and Freedoms which states that the best interest of a child must be considered first and foremost (above inclusion for the sake of inclusion) (Lupart & Webber, 2012).

Ultimately, *Bill 82* largely represented an amended framework for special education in Ontario by affirming values and recommending suitable programming rather than prescribing changes, as was mandated in the American *Public Law 94-142* passed in 1975 (Lupart & Webber, 2012). *Bill 82* did, however, require school boards to provide special education programs and services to all students regardless of exceptionality (Ministry of Education, 2007). Satisfying this mandate proved difficult, especially after the Canadian government's Expenditure Control Program in 1993 that cut $350 million from elementary and secondary education (Morgan, 2003). This cutback foreshadowed the education reforms that occurred in 1995.

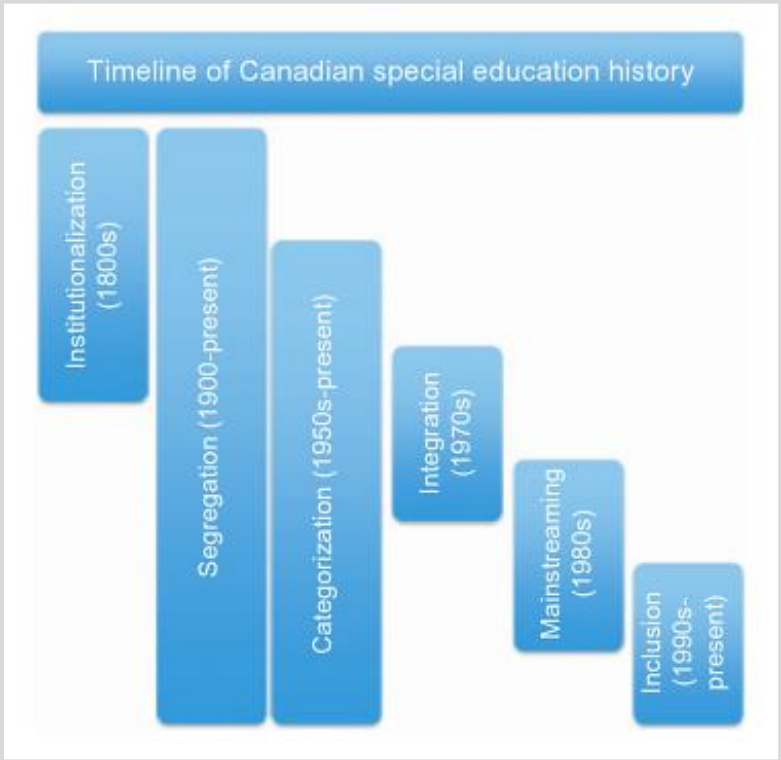
Educational Reforms

In 1995, a number of educational reforms were developed with significant implications for students with exceptionalities (Winzer & Mazurek, 2011) while reducing the education budget by $2.3 million (Morgan, 2003). A major component of the educational reform was the standardization of educational practices that included provincial curricula, standardized testing (e.g., EQAO testing, Grade 10 Literacy Test), standardized report cards, and standardized IEP formats (Jordan, 2001). A change to the funding structure of the Ontario education system resulted in students with exceptionalities being provided with funds through one of two venues:

the Special Education Per Pupil Amount (SEPPA) that was based on the total enrolment of students in each school system, or the three-level Intensive Support Amount (ISA) that was, and still is today, allocated on a case-by-case basis (Jordan, 2001; Ministry of Education, 2001). The SEPPA funding is allocated according to total school enrollment thereby providing a degree of flexibility in supporting a variety of special education programs and services (Ministry of Education, 2001) The level of ISA funding ranges from support for a modified half-day program to support for a full-time educational assistant (Jordan, 2001). To qualify for each funding source, school boards must provide evidence regarding the extent of students' exceptionalities (Ministry of Education, 2001).

In 1997, the Ontario Conservatives passed *Bill 160: Education Quality Improvement Act* (Morgan, 2003). This controversial piece of legislation centralized authority over certain school-related functions (e.g., teacher preparation time, class sizes, and regulated funding) from the school boards and teachers to the provincial government (Greenberg, 2004; Mackenzie, 1997). Education funding that was traditionally raised through local property taxes became a government prerogative (Morgan, 2003). Furthermore, teachers and parents were concerned that students with exceptionalities would not be able to receive the same specialized programs and IEPs due to the reduced planning time and funding (Basu, 2004). In response to these sweeping and inauspicious changes to the Ontario education system, the Ontario Teacher's Federation launched what was (and remains to be) the largest display of collective action in North American history: a two-week strike involving over 125,000 public and Catholic school teachers in Ontario (Greenberg, 2004; Morgan, 2003).

Figure 3. Historical Timeline of Special Education in Canada



Note. Source: Loreman, 2014; reprinted with permission (see Appendix B)

The Ontario government continued with its overhaul of the education system in 1999 by launching the Education Improvement Commission (EIC) and tasking it to complete a comprehensive review of all Ontario district school boards (Morgan, 2003). Two notable findings of the EIC included inadequate funding for special education and that students designated as exceptional were being included in the mainstream classroom without the necessary supports and programs (Morgan, 2003). A number of special education reforms were instituted in the 2000s accordingly.

Special Education Reforms

The provincial government announced its intention to increase accountability for and quality of special education in 2000 (Morgan, 2003). Consistent with this intention, the Ministry of Education released the policy document entitled *Individual Education Plans: Standards for Development, Program Planning, and Implementation* (otherwise known as the *IEP Standards* document) in order to improve the quality of special education resources, services, and programs (Ministry of Education, 2000; 2004). An education equality task force was initiated in 2002 and was charged with six mandates, one of which was to review "whether the current approach to funding special education is the most responsive way to meet students' needs" (Education Equality Task Force, 2002, p. 5). The task force published a report entitled *Investing in Public Education: Advancing the Goal of Continuous Improvement in Student Learning and Achievement* wherein special education with a focus on inclusion was identified as a high priority (Education Equality Task Force, 2002). Accordingly, the government invested $250 million into special education (Morgan, 2003). This funding was allocated in accordance with a new education funding system introduced earlier in 1998 to replace the existing and complex financing system for special education (Education Equality Task Force, 2002). The previous

system involved a combination of government grants and revenue raised by school boards through their local property taxes. This system was removed as it was considered inequitable because large property tax-based school boards were able to raise more money than small property tax-based school boards (Education Equality Task Force, 2002). Under the new funding system, the Ministry of Education (2014) uses a student-focused funding formula (based on the number of students with exceptionalities and the extent of their exceptionalities) to determine how much funding is allocated to each school board.

The Ministry of Education released a report in 2005 entitled *Education for All: The Report of the Expert Panel* that guided teachers in planning for inclusion through universal design and differentiated instruction. The report supported inclusive learning environments where all children regardless of ability could learn within inclusive classrooms (Ministry of Education, 2005). The Ministry of Education (2006) then went on to release *Special Education Transformation: The Report of the Co-Chairs with Recommendations of the Working Table on Special Education* the following year. The 2006 report was developed based on several guiding principles that corresponded with *Education for All* in focusing on the notion that all "students can succeed, universal design and differentiated instruction are an effective and interconnected means of meeting the needs of any student(s)" (Bennett & Wynne, 2006, p. 1). The report stated that although regular classrooms should be the first choice of placement for all students, special placements should be created for those students whose needs would not be met in regular classrooms (Bennett & Wynne, 2006). This reiterates the fact that inclusion, while desirable, is not always the best course of action for all students, and this holds true for students with ASD.

ASD in Special Education

Part of the special education reforms in Ontario were created specifically for students with ASD. The Ministry of Education hosted a province-wide conference in 2003 called *Teaching Students with Autism: Enhancing the Capacity of Ontario's Schools* (Report of the Ministers' of ASD Reference Group, 2007). The goal of the conference was to increase the ability of school board staff to lead, plan, and implement special education programs and services for students with ASD (Report of the Ministers' of ASD Reference Group, 2007). In 2004, the Ontario school boards partnered with the Ministries of Education and Children and Youth Services to designate community agencies to develop the *School Support Program – Autism Spectrum Disorder (SSP-ASD)* (Report of the Ministers' of ASD Reference Group, 2007). This program connected school boards with 185 ASD consultants to assist school staff in building their knowledge and skills when working with children with ASD (Report of the Ministers' of ASD Reference Group, 2007). In 2006, the government of Ontario created a Ministers' of Autism Spectrum Disorder Reference Group to provide the Minister of Education and the Minister of Children and Youth Services with effective, evidence-based educational practices to meet the wide range of needs for students with ASD. A report that was published by the Ministers' of ASD Reference Group in 2007 summarized the special education reforms related to ASD (as discussed above) and stated that all educational practices should be child and youth centered, respectful, responsive, accessible, and accountable (Report of the Ministers' of ASD Reference Group, 2007).

In 2008, the Minister of Education released a document entitled, *Ontario's Equity and Inclusive Education Strategy* with the intent of advancing inclusive learning environments for all students (Ministry of Education, 2009). The report was created to advance the province's three core priorities: increased levels of student achievement, reduced gaps in student achievement,

and increased public confidence in publicly funded education (Ministry of Education, 2009). Unfortunately, the report did little to further inclusive education, making no reference to special education and/or children with learning needs or exceptionalities as part of the "changing face of Ontario" (Ministry of Education, 2009, p. 8). Likewise, none of the strategy's action items addressed any of the special education population needs. This 'oversight' was in contrast to increased attention to English Language Learners (People for Education, 2013). Therefore, while special education and inclusive education for all is stated as an important goal in the *Annual Report on Ontario's Publicly Funded Schools* (People for Education, 2013), changes to enhance special education have not followed accordingly.

A potential reason for the relative inaction regarding inclusive practices is the general lack of evidence-based research to support these claims for inclusive education. A theoretical foundation for inclusion and how it should be practiced has also not been established (Trifonas, 2003). In a literature review of all papers published in eight journals between 2001 and 2005, Lindsay (2007) found a lack of evidence to support the claim that inclusive education is the best option for educating all students. While additional research has been conducted in the decade following 2005 (i.e., 2005-2015), inclusive practices for special education, and particularly for students with ASD, are an area that remains largely underresearched. Given the lack of extensive research conducted in Canada and specifically in Ontario, the review of literature was expanded to include the global body of empirical research regarding inclusive practices.

Inclusive Practices: An Empirical Review

A global definition for inclusion has yet to be accepted unanimously (Odom & Diamond, 1998; Schmidt &Venet, 2011; Trifonas, 2003); however, there are various coalescing perspectives on inclusion throughout the literature. A prominent perspective is the focus on

inclusion for all, with Anderson et al. (2014) noting the shift away from focusing specifically on students with exceptionalities and towards inclusive education for all learners. As Runswick-Cole (2011) explains, inclusive practices can pertain to many different types of students (e.g., students from minority backgrounds, female students, or students with exceptionalities). According to Karagiannis, Stainback, and Stainback (1996), "inclusive schooling is a practice of including everyone… in supportive inclusion schools and classrooms where all students' needs are met" (pg. 3). In a comment that embodies the shifting focus towards inclusive education for all, Giangreco (1997) articulates what inclusion does not represent:

> Inclusion is *not* a disability issue. It merely has been brought to the forefront of public awareness by the presence and needs of students with disabilities. More accurately, inclusion is an educational equity and quality issue for *all* students because, when done well, it has the potential to benefit students with a full range of characteristics. (p. 2)

Inclusive education for all students is further endorsed in a publication by the Centre for Studies on Inclusive Education that presents the *Index* for inclusion, explained by Booth and Ainscow (2002) as a way to measure and improve inclusive schooling through "active engagement with learning and a having a say in how education is experienced" (p. 3). Essentially, inclusion should extend beyond mere access to the classroom to engage students in meaningful, active, and productive ways (Bennett, 2009). In a similar statement, Anderson et al. (2014) assert that "all students within an inclusive education environment must be participating, achieving and valued" (p. 25). Despite these holistic perspectives of inclusion, the focus of this case study requires a review of the existing literature on inclusive education for students with exceptionalities, and particularly for students with ASD. Consistent with Hehir and Katzman (2012) stating that inclusive classrooms must educate students with exceptionalities for the

majority of the school day in general education classrooms, the empirical research on inclusive practices in the context of special education will be examined in the next section. It is important to note, however, that the empirical research on inclusive practices does not draw on critical disability studies.

Essentially, there are two views regarding inclusion as presented by Berg and Schneider (2012): one view supports full and unequivocal inclusion for all students and that any form of segregation is discriminatory, which coincides with the how Schmidt and Venet (2011) define academic inclusion as the "full-time integration of all students – no matter what their difficulties are – in a regular class corresponding to their age and located in a school in their district" (p. 219). It is worth noting that Schmidt and Venet (2011) use the word *integration* in their definition of academic inclusion as this view of unequivocal inclusion corresponds to integration rather than inclusion, as earlier distinguished. The other view of inclusion offered by Berg and Schneider (2012) is one of circumstantial inclusion depending on the extent of a child's exceptionality and the ability of a school to meet the child's learning needs. This view of inclusion, although not fully inclusive, works towards empowering students with exceptionalities and not viewing them as disadvantaged or the *other* within the classroom, which thereby promotes a cultural acceptance of individuals with exceptionalities (McPhail & Freeman, 2005). DeLuca (2013) affirms that the inclusion of students with exceptionalities is a movement away from being disadvantaged by instead accepting and embracing student within the class. Within Ontario, the Supreme Court of Canada set a precedent that full inclusion may not always be best for every child and this has led to educators receiving mixed signals about inclusion (DeLuca, 2013). This review of the literature identifies four themes of research that impact inclusive practices and education for students with exceptionalities: teacher attitudes (beliefs about

inclusion, general disposition toward inclusion), teacher knowledge (experience, training, parent concerns), collaborations (collaborative teaching or co-teaching, team-based delivery, presence of educational assistants), and developing friendships (peer attitudes, acceptance versus exclusion, level of understanding).

Teacher Attitudes

Inclusion begins with educators accepting that inclusive education is best for all students (De Silva, 2013). If a teacher, educational assistant, or principal questions the inclusion of a particular student, then that inclusive model has already failed, according to De Silva (2013). Every child should have the right to learn in an inclusive classroom where there is a proportional mix of students with and without exceptionalities (Giangreco, 1997). Typically developing children need to accept their peers with exceptionalities as classmates in order for inclusion to be successful (Sansosti & Sansosti, 2012). Similarly, teachers and educational staff must demonstrate positive attitudes towards inclusive education as well as a strong understanding of how to modify lesson plans to fit individual learning needs in order to provide a truly inclusive classroom setting for all students (De Silva, 2013). Although "principals have the ultimate authority and responsibly for implementing special education policy" (Edmunds, Macmilllan, Specht, Nowicki, & Edmunds, 2009, p. 2), teacher attitudes towards inclusion will directly affect the extent to which special education policies are implemented within the classroom.

In addition to having proper attitudes towards inclusion, Simpson and Mandich (2012) conducted a study in Ontario that also found that it was essential for teachers to be comfortable teaching students with exceptionalities in order to promote a culture of inclusion. Teachers were found to be more accepting of inclusion when students with exceptionalities were accompanied by an educational assistant in the classroom (Idol, 2006). Teachers were identified by De Silva

(2013) as essential to creating inclusive practices and that they needed to believe that inclusion was beneficial in order for students to be successful in inclusive settings. Based on a quantitative study that examined teacher perspectives, teachers who recognized the importance of inclusion tended to put greater effort into ensuring that all students were involved in the classroom community than teachers who did not recognize the importance of inclusion (Richmond, Irvine, Loreman, Cizman, & Lupart, 2013). In a similar finding, Jordan and Stanovich (2001) noted that teachers who viewed themselves as instrumental in terms of providing inclusive programming engaged in more academic interactions that extended their students' thinking more than their counterparts.

Overall, teacher attitudes are a critical factor with respect to creating an inclusive learning environment and adopting inclusive education practices (Lindsay, 2007). A study conducted by Brackenreed and Barnett (2006) found that while pre-service teachers in Northern Ontario were somewhat confident about their knowledge of and ability to effectively implement an inclusive learning environment, they generally were concerned about the stress and pressures of creating such classrooms. Alternatively, Richmond et al. (2013) found that teachers in Alberta were very positive about inclusive education, which was consistent with the findings of Schmidt and Venet (2011) who discussed how principals in Quebec, based on previous teaching experience in special education, expressed similary positive attitudes towards the inclusion of children with exceptionalities. Positive opinions and attitudes among principals regarding the inclusiveness of their schools was also discussed by Edmunds et al. (2009). In examining early childhood teachers' response in terms of comfort, classroom adaptation, and need for support, Huang and Diamond (2009) noted that teachers responded differently to different types of disabilities and felt more comfortable with students who had mild disabilities than those with more severe

disabilities. Therefore, the knowledge, experience, and training of teachers is another teacher factor that is important in trying to understand what makes an inclusive classroom successful in meeting the needs of all students.

Teacher Knowledge

Along with the attitudes of teachers towards inclusion, the extent of teachers' knowledge was a common factor found to influence inclusive classrooms. The knowledge and experience of those working with students with exceptionalities and the efforts made to create inclusive classrooms were teacher factors identified by Pivik et al., (2002) who examined the barriers caused by teachers to inclusive education. In conducting a study of physical education teachers, Simpson and Mandich (2012) found that two major factors for creating inclusive classrooms were teachers' ability to adopt lessons that support inclusive practices and their previous experience teaching students with exceptionalities. Furthermore, greater numbers of students with ASD were being transitioned into inclusive classrooms with teachers expected to provide an inclusive environment despite very limited knowledge and understanding of how to create inclusive classrooms that supported the needs of children with ASD (Lindsay et al., 2013).

In recognizing their lack of knowledge, Ontario teachers interviewed by Simpson and Mandich (2012) expressed a need for focused training and specialized professional development in order to implement inclusive practices. Kent-Walsh and Light (2003) likewise reported that teachers expressed a desire to learn how to meet the needs of all students. Just as teachers have requested specialized training on inclusive practices (Simpson & Mandich, 2012), parents of children with exceptionalities have expressed concerns about teachers' education and whether or not their children's learning needs are being met. According to Pivik et al. (2002), parents have raised concerns about the ability of teachers to understand their children's disabilities and

learning needs. Upon interviewing parents, Starr, Foy, Cramer, and Singh (2006) found that parents of children with ASD were concerned that teachers did not always follow the modifications and accommodations listed in their children's IEPs and were uncertain whether teachers were able to provide best practices to their children. A strong knowledge base of exceptionalities and how to create inclusive learning environments for all students is needed to ensure the comfort of both teachers and parents.

While researchers have found that parents do not always believe that teachers are able to provide the best learning environment for their children, parents nonetheless preferred when their children were taught in inclusive classrooms (Kent-Walsh & Light, 2003). Likewise, the majority of parents interviewed in a study conducted by Leyser and Kirk (2011) expressed that they were in favour of their children being placed in inclusive classrooms, stressing that "inclusion is a human rights issue and segregation is wrong" (p. 87). Parents stated that inclusion offered a social benefit for children with exceptionalities and their peers by providing opportunities for friendship, understanding, and acceptance (Leyser & Kirk, 2011). Similarly, Waddington and Reed (2006) found that the parents of students with ASD placed their children in inclusive classrooms because they felt that it was the best option for their children. In addition to teacher knowledge of exceptionalities, the extent of collaborations between educators and service professionals can also influence the effectiveness of inclusive practices.

Collaborations

In order to facilitate inclusive practices and meet the diverse educational, social, and learning needs of students with exceptionalities, teachers need to collaborate with other school professionals, which includes therapists, social workers, and special education staff (Duchardt, Marlow, Inman, Christensen, & Reeves, 2011; Klein & Hollingshead, 2015). Simpson and

Mandich (2012) also found that teachers needed to work together with other school personnel (occupational therapists, physiotherapists, and speech and language therapists) in order to ensure that IEPs represented the best plans possible. In the context of colleague support, Billingsley (2004) stated that "it is limiting to think of support as something that one person provides and another receives. Important to creating a positive school climate is reciprocity of support among special and general educators, administrators, parents, paraprofessionals, and other service providers" (p. 46). This reciprocity of support essentially can be understood as collaboration, or more specifically collaborative teaching or co-teaching as explained by Hernandez (2013). Co-teaching is the teaming of educators within inclusive classroom settings and can include service professionals (e.g., Speech and Language Pathologists, therapists, and counselors) (Hernandez, 2013). Speech Language Pathologists and behaviour analysts are two key members of school-based teams who often collaborate in administering behaviour interventions to students with ASD (Donalson & Stahmer, 2014). For these collaborations to be successful, Donalson and Stahmer (2014) concluded that speech and language pathologists and behaviour therapists needed to mutually recognize one another's respective knowledge and training. As service professionals need to collaborate with both special and general education teachers (Simpson and Mandich, 2012), so too do educational assistants need to work with classroom teachers.

Educational assistants are essential in providing effective individualized attention and to assist classroom teachers meet all of their students' learning needs (Gandhi, 2007; Lindsay, 2007; Idol, 2006). Without support teams of educational assistants, Lindsay (2007) found that students with and without exceptionalities tended to underperform academically in inclusive classrooms. The role of educational assistants in primary school settings is considered highly complex by Saddler (2014), often blurring with the role of the classroom teacher in certain

regards. In studies by McVittie (2005) and Abbott, McConkey, and Dobbins (2011), educational assistants did not view their role as one of a classroom support person, but instead viewed their role as student-specific. In this way, educational assistants have a direct hands-on role in their assigned students' learning as well as the extent of their social inclusion within the classroom and school community (Saddler, 2014). In a study conducted by Idol (2006), it was found that teachers favoured using educational assistants to support all students in lesson learning and delivery, regardless of whether they had an exceptionality. Educational assistants nonetheless need to collaborate with classroom teachers in order to meet the individualized needs of their assigned student in such a way that still corresponds to the class lesson plans. Understandably, there is a power dynamic between teachers and educational assistants, which was also noted as a challenge for pre-service special education and general teachers who were interviewed by Hamilton-Jones and Vail (2014) in a case study that explored teachers' perceptions of collaboration within inclusive classrooms. Another challenge to team teaching identified by York-Barr, Bacharach, Salk, Frank, and Benick (2004) was differences in teaching style or pedagogy as well as differences in lesson and course design. Despite the challenges to collaboration, it is important that teachers work together with other school professionals in providing inclusive education for students with exceptionalities (Duchardt et al., 2011). Overall, inclusive practices can holistically benefit students with exceptionalities through collaborations or co-teaching within educational settings that fit the diverse learning needs of all students. However, without an altered educational setting, inclusive classrooms may benefit students socially but not academically (Lindsay, 2007). The development of peer relationships and friendships for students with exceptionalities can be one holistic benefit of altering the educational setting in a way that promotes inclusion.

Developing Friendships

While children with exceptionalities, and specifically ASD, often desire friendships with their typically developing peers, they often experience abundant difficulties forming friendships (Guralnick, 1999; Laursen & Yazdgerdi, 2012; Saddler, 2014; Scheuermann & Webber, 2002). By the time most typically developing children reach kindergarten, they are able to form lasting relationships, whereas children with exceptionalities have been less successful (Guarlnick, 1999). As explained by Edmunds et al., (2009), "one of the greatest barriers to successful inclusion is the negative attitudes that children may have about their classmates with special needs" (p. 19). Conversely, Dyson (2005) observed that typically developing kindergarten students had positive attitudes towards children with exceptionalities, albeit only half of typically developing students were found to have friendships with children with exceptionalities. Similar findings were reported in pilot study conducted in Ontario to examine how able children perceived social inclusion programs (Lindsay, McPherson, Aslam, McKeever, & Wright, 2013). In examining children's views of inclusion, Kent-Walsh and Light (2003) found that students with exceptionalities often expressed joy and happiness when taught in inclusive classrooms. Jones (2005) found that students believed their communication skills were particularly important for being included by their peers. However, low-achieving students and students with exceptionalities were found to have poor communication skills compared to typically developing students. These two student groups also were less accepted socially than their typically developing peers (Stanovich, Jordan, & Perot, 1998). Ultimately, most typically developing children did not befriend children with exceptionalities, largely because the typically developing children did not comprehend their disabilities (Lindsay et. al., 2013).

At preschool ages, however, typically developing students are more open and willing to form friendships with students with exceptionalities (Guralnick, 1999). Therefore, it is essential that if students are going to be transitioned into inclusive classrooms for socialization purposes, they need to be placed in inclusive classrooms sooner rather than later. When implemented correctly, inclusive education is beneficial for students with and without exceptionalities as it can increase academic results, promote acceptance of others, and improve the overall social skills of typically developing children (Gandhi, 2007). However, it should not be assumed that children with exceptionalities will develop friendships upon their transition into an inclusive classroom (Dyson, 2005). Without teacher guidance and support, students with exceptionalities can be bullied or may struggle to form friendships with their typically developing peers (Laursen & Yazdgerdi, 2012). Similarly, typically developing peers also need assistance to understand children with exceptionalities and how to develop genuine relationships with them (Lindsay et al., 2013).

Specific interventions and resources are needed to educate students and teach them the specific skills necessary for forming relationships, including how to play and socialize (Dyson, 2005; Guralnick, 1999; Kalyva & Avramidis, 2005; Lindsay et al., 2013; Scheuermann & Webber, 2002). Researchers such as Jones (2005) suggested that social communication and collaboration skills need to be taught explicitly in order to support inclusive practices. While such recommendations for inclusive practices and the teaching of communication and social skills are certainly relevant to students with ASD, a more focused discussion on evidence-based inclusive practices and interventions developed specifically for students with ASD is required. The National Autism Center (2015) initiated the *National Standards Project, Phase 2 (NSP2)* "to provide critical information about which interventions have been shown to be effective for

individuals with ASD" (p. 9). Using evidence-based research findings that inform expert and scholarly decision-making (i.e., evidence-based practices) from over 350 articles, the National Autism Center (2015) presents 14 interventions that are based on an established level of research evidence (i.e., established interventions). As grounded in evidence-based practices (see Appendix A), the most common of these established interventions are discussed in reference to specific programs (i.e., Applied Behaviour Analysis, *Circle of Friends*, social stories, and mobile/assistive technology) in the next section.

Inclusive Practices and Interventions for Students with ASD

Researchers have found that students with ASD benefit from being educated in inclusive classrooms given the increased social interactions with typically developing peers (Kent-Walsh &Light, 2003; Jones, 2005). Students with high-functioning ASD in particular have a higher likelihood of benefiting from being placed in inclusive education than from being placed in self-contained environments (White, Scahill, Klin, Koenig, & Volkmar, 2007). However, certain disruptive behaviours (e.g., loud noises, repetitive movements, leaving desk) exhibited by some students with ASD can result in their segregation into special education classrooms (McCurdy & Cole, 2014). Despite the repetitive and restrictive behaviours that are characteristic among individuals with ASD (APA, 2013), behaviour management programs and social skill interventions have been identified as an underserviced area for students with ASD in the United States (Wei, Wagner, Christiano, Shattuck, & Yu, 2014; White et al., 2007). In recognizing the importance of behavioural strategies for students with ASD, the first three established interventions categories, which are evidence-based practices, in the *NSP2* relate to behaviour: *behavioural* interventions, cognitive *behaviour* intervention package, and comprehensive *behavioural* treatment for young children (National Autism Center, 2015). The latter category,

comprehensive behavioural treatment for young children, is described as involving "intensive early behavioural interventions that target a range of essential skills which define or are associated with ASD (e.g., communication, social, and pre-academic/academic skills, etc.). These interventions are often described as ABA (or Applied Behavioural Analysis)" (National Autism Center, 2015, p. 47). ABA warrants elaboration given its relevance to Ontario education (Ministry of Education, 2015).

Applied Behaviour Analysis

As a scientific and instructional approach to studying and reforming behaviour, Applied Behavioural Analysis (ABA) has been applied to students with ASD through varying means that "range from highly structured programs that are conducted in a one-on-one treatment setting to more naturalistic inclusion programs that include typically developing children as models" (Donalson & Stahmer, 2014, p. 262). ABA is based on a three-part operant model involving the *antecedent* (that which triggers the behaviour), the *behaviour* (the response or lack thereof), and the *consequence* (which follows the behaviour) (Donalson & Stahmer, 2014). Researchers and practitioners have investigated the effectiveness of ABA interventions for individuals with ASD since the 1980s and have produced encouraging findings (Axelrod, McElrath, & Wine, 2012). In discussing the research contributions related to ABA and ASD, Axelrod et al. (2012) asserted the following: "it is exceptionally gratifying to claim with certainty that ABA treatment can help individuals diagnosed with autism live more fulfilling lives" (p. 4). In Ontario, principals of ABA must now be incorporated into the IEPs for students with ASD in accordance with PPM-140 (Ministry of Education, 2015). Given the continuum of ABA-based interventions, speech and language pathologists in addition to behaviour analysts have also used ABA approaches in servicing student with ASD (Donalson & Stahmer, 2014). Other forms of behaviour intervention

for students with ASD include Early Intensive Behavioural Intervention and other behavioural inclusion programs (National Autism Center, 2015).

As children with ASD typically experience difficulty interacting appropriately with peers and require their interactions to be facilitated by adults (Guralnick, 1999; Laursen & Yazdgerdi, 2012), peer training package is another established intervention included by the National Autism Center (2015) that is grounded in evidence-based practices. The use of peer support interventions where children with ASD are assigned peer buddies or lunch groups to assist them with maintaining on-task behaviours is an efficient and cost-effective method of monitoring and reducing off-task behaviours exhibited by students with ASD (McCurdy & Cole, 2014; White et al., 2007). Listed among the numerous peer training programs of the *NSP2* (National Autism Center, 2015) is *Circle of Friends*.

Circle of Friends

A specific peer training intervention known as *Circle of Friends (CoF)* is an especially beneficial with respect to addressing the development of social skills for children with ASD (National Autism Center, 2015). *CoF* is an educational approach that facilitates inclusion by engaging a peer group within the classroom to support students with ASD (Kalyva & Avramidis, 2005). The program begins with a class discussion about social inclusion and an explanation of *CoF*. The teacher or therapist will either ask for a group of volunteers or identify a group of peers to help and support students with ASD to achieve their target behaviours (Frederickson, Warren, & Turner, 2005). *CoF* was initially developed in Canada to assist individuals with exceptionalities entering the community after living in institutions (Frederickson et al., 2005).

In an empirical study conducted by Whitaker, Barratt, Joy, Potter, and Thomas (1998), individuals with ASD who participated in *CoF* were found to have improved social interaction

skills and higher levels of peer contact compared to individuals with ASD who did not participate in the program. The study also found that typically developing students who were given an opportunity to spend time with their peers with ASD gained increased levels of empathy and understanding relative to students who did not spend time with peers with ASD (Whitaker et al., 1998). Likewise, Kalyva and Avramidis (2005) found that *CoF* helped students with ASD improve their communication and social skills. Collectively, these findings suggest that *CoF* is an intervention that should be incorporated when transitioning children with ASD into inclusive classrooms (Kalyva & Avramidis, 2005; Whitaker et al., 1998).

Social Stories

Another supplementary intervention intended to promote the inclusion of children with ASD is the use of social stories. According to the National Autism Center (2015), social stories are the most well-known of the story-based interventions and are another evidence-based practice for students with ASD. Story-based interventions are a common and simple way of teaching students with ASD how to manage adverse situations across a wide variety of settings including inclusive classrooms (National Autism Center, 2015). Social stories are tools that can be used with children with ASD to help them learn how to act and respond appropriately in social settings (Lorimer, Simpson, Myles, & Ganz, 2002). Social stories accurately describe a social situation, concept, or skill with relevant social cues (Gray, 1995; Smith & Gillon, 2004). Through evidence-based research on social stories, Thompson and Johnston (2013) found that using personalized social stories helped to increase desirable behaviours (e.g., self-regulation, independence, self-monitoring) among individuals with ASD. Parents were taught to use social stories to teach their child personal hygiene skills in a study by Klett and Turan (2012). These empirical studies illustrate that social stories are a valuable tool in promoting independence and

teaching new skills to individuals with ASD. While social stories traditionally have been presented in a book format (Smith & Gillon, 2004), social stories can now be created using programs and apps (e.g., *Boardmaker*, *StoryMaker*) just as other technological innovations can be used in various other ways to assist students with ASD. Given the important place of technology in modern society, students with ASD can likewise benefit from technological advances and have been doing so for since the 1970s (Knight, McKissick, & Saunders, 2013). However, supporting research for new technologies that can help students with ASD has not kept pace with the rate at which these technologies have been introduced and implemented (Knight et al., 2013; Virnes, Kärnä & Vellonen, 2015). As a result, technology-based intervention is listed among the *emerging interventions* in the *NSP2*, as additional research evidence is still required to be confident that the interventions are effective (National Autism Center, 2015). Some of the emerging evidence related to the use of mobile/assistive technologies and related applications (apps) are discussed below.

Mobile/Assistive Technologies

Common mobile technologies that also represent assistive technologies for aid students with ASD within inclusive classrooms include: iPads, tablets, and smart phones (Mintz, 2013). A variety of computer programs and apps are available on these devices and can be used by individuals with ASD to assist them in social communication and interaction (Mintz, 2013). A noteworthy app exclusive to the Apple iPad, iPhone, or iTouch is Proloquo2Go, an augmentative and alternative form of communication for students with ASD who are non-verbal or who have difficulty using expressive language (Sennott & Bowker, 2009). Proloquo2Go uses symbolic and visual representations to support receptive and expressive communication, and also functions as a speech generating device (Sennott & Bowker, 2009). Preliminary empirical evidence by King

et al. (2014) supports the use of Proloquo2Go as an effective speech generating device for children with ASD to develop requesting skills. Lorah et al. (2013) also examined Proloquo2Go in a comparison study with a picture exchange system and found that children with ASD were generally more successful with independent requesting using Proloquo2Go. Sennott and Bowker (2009) believe that Proloquo2Go may benefit the inclusion of students with ASD as "while it is impossible to quantify the inclusion value of the iPhone or iPod touch with Proloquo2Go, all of these features increase the visual appeal of the device and may facilitate social inclusion as a result" (p. 144). Further empirical support for Proloquo2Go is recommended by King et al. (2014).

As individuals with ASD often need to be taught specific social cues across a variety of different situations, these programs often teach social skills in a step-by-step fashion (Mintz, 2013). Another emerging technology-based intervention is the HANDS Project (2011), a prototype app developed with the goal of supporting individuals with ASD with social and life skills. Another example is a computer program called *Abaris* that can be used to allow therapists to collect data and track the progress of the students with ASD while they work independently and learn collaborative decision-making skills using the *Abaris* program (Kientz, Hayes, Westeyn, Starner, & Abowd, 2007). Finally, one of the most cutting-edge forms of assistive technology are wearable sensors that use Bluetooth accelerometers to detect self-stimulating behaviours and verbalize them. These devices could assist nonverbal students with ASD to better communicate their needs to others (Kientz et al., 2007). Despite the lack of empirical research at this time to support these latest technologies, these technology-based interventions and related tools hold great promise in assisting children with ASD in learning how to socialize and bridge

the gap between themselves and their typically developing peers (Knight et al., 2013; Virnes et al., 2015)

It is crucial to keep in mind, however, that incorporating inclusive practices and interventions alone may not always be the most effective method of supporting students with ASD (Lupart & Webber, 2012). The best interest of children must be considered first and foremost (Lupart & Webber, 2012; Roberts et al., 2008); and in certain cases, removing students with ASD from an inclusive environment may well be in their best interest. These specialized and segregated programs are known as self-contained or withdrawal practices and is representative of Giant Steps.

Summary of Literature

A review of the inclusion and ASD literature was necessary to contextualize the Giant Steps inclusion process that transitions students with ASD from a self-contained environment to inclusive learning environments. The chapter began with retracing the development and evolution of ASD research through five editions (and two revisions) of the Diagnostic and Statistical Manual of Mental Disorders. In accordance with the DSM-5, ASD is now the encompassing term for all neurodevelopmental disorders related to Autism (APA, 2013). The evolution of ASD has coincided with inclusive practices in special education, which was reviewed through a historical timeline approach. The implementation of *Bill 82: The Education Amendment Act* in 1980 had significant implications for students with exceptionalities, as did numerous special educational reforms and published reports through the subsequent years. The existing body of empirical research on inclusive practices was then reviewed under four research themes: teacher attitudes, teacher knowledge, collaborations, and developing friendships. The chapter was concluded with a more focused review of inclusion practices and interventions for

students with ASD. The case context for Giant Steps is presented in the following chapter that focuses on the methodology for this case study.

CHAPTER III: METHODOLOGY

A qualitative research approach was employed for this case study to understand how a selection of different stakeholders involved in Giant Steps makes sense of inclusion. Specifically, a case study approach was used to examine the experiences and perceptions of these individuals in preparing students with ASD for inclusive classrooms. While case studies have been criticized for biased case selection (Yin, 2014), this case was selected due to the fact that the model of using self-contained classes in preparation for inclusion has yet to be studied and could elucidate the inclusion process for students with ASD. Fully self-contained and withdrawal programs have previously been seen as a method to remove or segregate individuals with exceptionalities from inclusive classrooms. Giant Steps changes this notion by using its self-contained environment as a method of preparation for students with ASD to succeed in inclusive classrooms settings.

Case Study Context: Giant Steps

While there are a number of private schools and specialized programs for students with ASD offered in Ontario, Giant Steps is unique in its affiliation with a local public school board. Giant Steps is not a public school but a registered not-for-profit organization that houses both in-house therapy and academics. Giant Steps offers academic programming from kindergarten to grade 8 taught by special education teachers who are certified by the Ontario College of Teachers (OCT) and employed by their local school board. The school also offers a range of therapies administered by certified therapists (e.g., speech and language, occupational, behaviour) who are employed by Giant Steps. Through the integrated delivery of academic and therapy programs, Giant Steps holistically builds students' academic and social skills with the intention of facilitating their transition into inclusive classrooms. In this way, Giant Steps operates as a school and therapeutic centre for children with ASD. The first Giant Steps opened

in 1981 in Montreal as an alternative to public schools for educating students with ASD (Branswell, 1998). Giant Steps was founded by Darlene Berringer and began as an afternoon music, language, and play program for children with ASD (Branswell, 1998). Giant Steps is now a fully accredited educational institution with six satellite schools worldwide (Branswell, 1998).

The combined academics and therapies at Giant Steps provide students with holistic and individualized programs that cater to their specific learning needs. Students are removed from their home school to attend Giant Steps on a full-time basis. The Giant Steps therapists develop treatment plans with a focus on providing the skills and tools that will facilitate students' transition back into their homeschool inclusion classrooms (Giant Steps Inc., n.d.). Once students have begun to develop target skills, a plan for transitioning them back into their home school is developed. Before the students are reintroduced into their homeschools, the executive director and a teacher from Giant Steps visits the homeschool and meets with the homeroom teacher to discuss a plan for inclusion as well as educate and provide homeroom teachers with the necessary skills to accomplish their role in providing student with an inclusion classroom. The executive director also meets with the homeschool class and educates the students about ASD and how they can become friends with their classmates based on the principles of *Circle of Friends* (Giant Steps Inc., n.d.). Giant Steps students are transitioned slowly back into their homeschool, beginning with one period a day and potentially progressing to full-time inclusion and graduation from Giant Steps.

Research Approach

Qualitative research begins with a phenomenon or problem that the researcher hopes to examine further (Hesse-Biber & Leavy, 2011). The researcher of this case study used the phenomenon of Giant Steps, a self-contained school that prepares students for inclusion and

examined how different individuals understood inclusion while working in a self-contained environment. Commonly understood as "research [that] investigates properties of a single phenomenon" (Gerring, 2007, p. 17), the case study approach is used to explore new knowledge or consider knowledge in a fundamentally new way. The need to understand self-contained schooling as a model of preparation for inclusion presents the need to explore both self-contained environments and inclusive practices in a new way. The "desire to understand complex social phenomena" (Yin, 2014, p. 2) through this case study of Giant Steps relates to the 'inclusion for all' debate (Berg & Schneider, 2012) by examining a unique inclusion preparation model that uses a self-contained environment to prepare students with ASD for meaningful inclusion experiences within their homeschools.

The use of research questions are an important component to examining a qualitative research phenomenon and should have both substance and form through the use of "how" and "why" questions (Hesse-Biber & Leavy, 2011; Yin, 2014). Qualitative research questions are addressed through inductive reasoning to understand and give meaning to the research study (Tracy, 2013). Inductive reasoning is a bottom-up approach to research in which the researcher looks at different perspectives before determining the "big picture" of knowledge (Tracy, 2013). This was achieved within this case study through conducting in-depth interviews to obtain data that can address the research questions of this case study. The development of research findings through analysis of the interview data contributed to knowledge building and developing the "big picture" as explained by Tracy (2013). The epistemological reasoning behind constructing knowledge was understood through the interpretive paradigm that underpinned this case study.

Interpretive Paradigm

Gerring (2007) explained that all data requires interpretation and, in this respect, all techniques of evidence are interpretive. An interpretive worldview was used for this research under the belief that the world is socially constructed and not out there waiting to be discovered (Merriam, 2009). According to Anderson et al. (2014), the concept of inclusion is a social construct:

> It relies on relationships between people and societal systems to be formed into what can be observed and called inclusive education. By definition, it is the process whereby people are included into a socially constructed environment, or alternatively excluded from it. (p. 27)

Within this socially constructed and interpretive worldview, multiple truths and realities can co-exist (Merriam, 2009) and are recognized by the researcher in exploring the various stakeholder perspectives to understand their views of inclusion and the Giant Steps inclusion process. Tracy (2013) described the interpretive paradigm as involving concepts that cannot be clearly explained or described (e.g., inclusion), but rather, are built and reproduced through communication and interaction with other individuals. Interpretivism focuses on small-scale interactions that can be explored within a case study that uses in-depth interviews to understand and develop meaning from the participants' experiences (Hesse-Biber & Leavy, 2011). The small-scale interactions between educators, therapists, program assistants, parents, and students that take place within the research setting of Giant Steps were explored within this case study using an interpretive lens. While aspects of the case study have been discussed briefly, a focused discussion on the case study methodology is presented in the following section.

Case Study Methodology

A case study methodology was selected for this research study to help understand the complex social phenomenon of Giant Steps. To date, no research has examined a self-contained school that prepares children with ASD for inclusion by providing them with the skills and tools needed to be successful, and then transitions them back into their inclusive homeschools. According to Yin (2014), "a case study is an empirical inquiry that investigates a contemporary phenomenon (the case) in depth and within real-life context, especially when the boundaries between phenomenon and context may not be clearly evident" (p. 16). In the case of Giant Steps, the phenomenon is a self-contained school that prepares students with ASD for inclusion; and the context is how Giant Steps' inclusion process affects the current inclusive practices within the education system. The case study context is also known as a bounded system, which Merriam (2009) refers to in describing a case study as "an in-depth description and analysis of a bounded system" (p. 40). This case study of Giant Steps represented an instrumental case study by facilitating further understandings and sheding light on an topical discourse (i.e. inclusive practices for students with ASD) through studying the phenomenon (Liamputtong, 2009; Stake, 2008).

Qualitative case studies also have three defining characteristics that are relevant in examining the Giant Steps inclusion process: particularistic, descriptive and heuristic (Merriam, 2009). By focusing on a particular event, situation, or phenomenon (Merriam, 2009), this case study of Giant Steps can be described as particularistic. Through interviewing multiple stakeholders to ensure all viewpoints were recognized, this case study was descriptive in that the findings were "thick" with description (Merriam, 2009). Futhermore, interviews were conducted over time and each participant was interviewed twice to allow participants time to reflect on their

answers. Member checking of the interview transcripts was also completed to confirm the accuracy of the data. Finally, case studies are heuristic through informing the readers and enlightening their understanding of the phenomenon by helping to bring new meaning to their existing understanding (Merriam, 2009). This case study can be considered heuristic in recogzining how two opposing educational practices for students with ASD (i.e., self-contained and inclusive education) can operate in complementary fashion by using a self-contained environment in preparing students for inclusive learning settings.

Despite the defining characteristics of case studies as explained by Merriam (2009), there are a number of case study sterotypes such as lack of rigor, "soft" research, and informal research design, among others (Gerring, 2005; Yin, 2014) The case study approach was nonetheless selected for this research study since it is used extensively within social sciences and is a common mode of thesis and dissertation research (Yin, 2014). The second and more prominent reason the case study approach was selected was because it drives a "desire to understand a complex social phenomenon" (Yin, 2014, p. 4). Giant Steps exists as a self-contained school within an educational system where inclusion for all students has become the socially accepted method of education (Trifonas, 2003). Within the literature however, there is a lack of consensus regarding what inclusion should look like for children with ASD (Berg & Schneider, 2012; DeLuca, 2013; McCurdy & Cole, 2014). Due to the unique position of Giant Steps within the inclusion debate, a case study methodology was needed to investigate the phenomenon within its real-life context (Yin, 2014).

Within qualitative research and specificially case study research, there is no standardized, accepted research design; there are, however, outlines that researchers can follow as "a logical plan for getting from here to there" (Yin, 2014, p. 28). Qualitative case studies are similar to

other forms of qualitiatve research in the search for "meaning and understanding" (Merriam, 2009, p. 39). Yin (2014) offers the following blueprint for research with four problems: 1) what questions to study, 2) what data are relevant, 3) what data to collect, and 4) how to analyze results. This case study used the key research question of how does the Giant Steps program prepare students with ASD for inclusion? And what are the perceptions of inclusion according to various stakeholders of Giant Steps? In terms of determining what data to collect and how to analyze results (Yin, 2014), the research methods fostered the collection of interview data which was analyzed using an inductive investigative strategy to produce richly descriptive findings (Merriam, 2009). An elaboration of the data collection and analysis processes is presented following a discussion of the participant recruitment process.

Participant Recruitment

Purposeful sampling with maximum variation was used in this case study by recruiting a variety of different participant groups to ensure all viewpoints were recognized (Tracy, 2013). Purposeful sampling is used in qualitative research to gain rich insights from participants who will be able to give the most information (Merriam, 2009). The criterion-based selection used for this study was based on job position, experience, and graduation. As the initial point of contact with the research cite, a letter of invitation (see Appendix C) was emailed to the executive director of Giant Steps, who approved the study to be conducted on the school. Procedural ethics was also completed through the Research Ethics Board (REB) at Brock University (REB File #14-071; see Appendix D). The executive director facilitated the recruitment of participants by forwarding the letter of invitation (see Appendix C) to all staff members and parents of Giant Steps. Individuals who wished to participate in the study were instructed to respond directly to the researcher. All individuals who expressed their interest were accepted into the study and

were emailed an information and informed consent form (see Appendix E) to read through prior to the interview. A total of 10 individuals involved with Giant Steps were recruited to participate in this case study, and each participant was interviewed twice producing a total of 20 interviews. All participants were female with varying background experience and training in ASD, as well as varying work experience at Giant Steps that ranged from one year to 25 years. As presented in Table 1, the participants included: two Giant Steps teachers, three therapists, two program assistants (comparable a school board educational assistant), the executive director, and two parents (both of current graduating students).

Data Collection: In-depth Interviews

The aim of qualitative research is to provide in-depth understanding of individuals' experiences, perspectives, and histories in the context of their personal circumstances or setting (Creswell, 2014). In-depth, semi-structured interviews were the primary tool for data collection, and participants were further invited to provide artifacts such as lesson or therapy plans. A timeline of the data collection processes and associated stages is presented in Table 2.

All interviews were scheduled at the convenience of the each participant and conducted in-person within a private setting (i.e., vacant classrooms within Giant Steps) to allow participants to feel comfortable talking to the researcher and sharing their views on inclusion. As a common style of data collection used in qualitative research, the interviews were conducted in a semi-structured manner with specific interview guides (See Appendix F) for each of the different participant groups (Merriam, 2009). Interviews were semi-structured to allow participants the opportunity to share their perceptions and views on inclusion and ensure that the data collected was rich and descriptive. Interviews were tape recorded and then transcribed at a later time. Participants were interviewed for approximately 60 minutes in total as the duration of

the first round of interviews spanned between 30 to 45 minutes, while the second round were between 15 to 30 minutes in length. Participants were prompted to discuss their perceptions of inclusion as well as how they support their students' learning needs in delivering the Giant Steps program. Participants responded to these questions in the context of their roles as educators (e.g., What is your role at Giant Steps? How do you provide programming that prepares students to transition back into their homeschool classrooms? How does Giant Steps as a school differ from a typical public school?), while parents responded in the context of being the primary caregivers for their children with ASD (e.g., What was your child's experience at Giant Steps? What was your child's experience of returning to his or her home classroom? What does inclusion mean to you?).

All participants signed informed consent forms (see Appendix E) to ensure that they understood the interview process before beginning. Informed consent is a safe measure for qualitative studies involving humans that outlines the specific nature and purpose of the study, clarifies participants on data collection and analysis procedures, and assures them of confidentiality with the option to withdraw from the study at any time (Hesse-Biber & Leavy, 2011; Liamputtong, 2009). Pseudonyms were used to enhance participant confidentiality (Liamputtong, 2009), with each participant assigned a pseudonym (see Table 1). The protection of participants was further considered as there was no foreseen physical or psychological harm to participating in interviews for this case study (Liamputtong, 2009). Furthermore, participants may have experienced benefits by participating in the case study as it provided them with the opportunity to reflect on and voice their experiences at Giant Steps.

Table 1

Participant Information

Participant	Participant Pseudonym	Position with Giant Steps	Approximate Years with Giant Steps	Gender
Participant 1	Donna	Parent	7-10 years	Female
Participant 2	Katrina	Teacher	12-15 years	Female
Participant 3	Jenny	Therapist	>1 year	Female
Participant 4	Sara	Teacher	12-15 years	Female
Participant 5	Rachel	Therapist	>1 year	Female
Participant 6	Vanessa	Therapist	>1 year	Female
Participant 7	Jessica	Executive Director	20-25 years	Female
Participant 8	Sheila	Parent	4-7 years	Female
Participant 9	Meghan	Program Assistant	8-10 years	Female
Participant 10	Brenda	Program Assistant	5-7 years	Female

Table 2

Data Collection Timeline.

Data collection stage	Timeframe (month, year)
Initial contact with Giant Steps (executive director)	August 2014
REB approval granted (REB File #14-071)	October 2014
Participant (10) confirmation in research study	October 2014
First round of interviews (approx. 45-60 min. each)	November 2014
Member-checking for first round of interviews	December 2014 – January 2015
Second round of interviews (approx. 30-40 min. each)	January – February 2015
Member-checking for second round of interviews	February – March 2015

Data Analysis

Data was analysed throughout the research process as earlier interviews were analysed prior to conducting later interviews in order to afford more insights to the researcher (Creswell, 2014; Liamputtong, 2009). The purpose of collecting data through two rounds of in-depth interviews was to gain insight into the various stakeholders' perspectives of Giant Steps, how they perceived inclusion, and their role in creating inclusive learning environments for students with ASD. Open-ended interview questions were developed and used throughout the interview process to reflect the research questions, which were not directly posed to each participant. Interviews were transcribed verbatim and then sent to participants for member checking to ensure the transcript accurately reflected their thoughts. Prior to beginning each second interview, participants were asked if wanted to discuss, clarify, or elaborate on anything based on their review of their first interview transcripts.

Once data collection was completed and all 20 interviews were transcribed, interviews were coded for language related to inclusion, role perception, and the overall Giant Steps program. The researcher read each interview transcript once to gain familiarity with, reflect on, and take notes on the data. In the second read-through, open coding was conducted as data were segmented and chunked into codes (Creswell, 2014) that were both emergent (i.e., inductive) and based on findings within the literature (i.e., deductive) (see Appendix G). Axial coding was then conducted to analyze and make connections between the different stakeholders' interviews, which helped to build connections to different ideas and produce categories (Liamputtong, 2009). Open and axial coding were conducted through line-by-line analysis of all interview data, of which specific segments or chunks were identified as codes, which were then developed into categories, and eventually themes (Liamputtong, 2009).

The development of codes, categories, and themes were a process of both inductive and deductive analysis. Deductive analysis is the process of using existing research and knowledge obtained through reviewing the literature and before the research study was conducted (Hesse-Biber & Leavy, 2011). Codes developed in this way are known as conceptual codes, whereas codes developed more organically or inductively are referred to as emergent or in vivo codes (Creswell, 2014). Inductive analysis is the process of coding and categorizing data independent from any predetermined expectations from existing research or frameworks (Hesse-Biber & Leavy, 2011). That is, coding emergently in order to gain new insights and areas of focus that the researcher did not hope or expect to find or confirm based on their review of literature (Hesse-Biber & Leavy, 2011). The first round of interviews also allowed for inductive analysis given the open-ended and semi-structured nature of the interview questions that resulted in diverse perspectives being shared. Conversely, analysis of the follow-up interview data was more deductive in nature as the questions were developed based on inductive analysis of initial interviews and probed deeper into specific responses provided in each participant's first interview.

Once coding was completed, the data were organized through thematic analysis to connect overlapping codes and categories (Liamputtong, 2009). This served to help organize the different stakeholders' perceptions around inclusion and Giant Steps inclusion process as well as provided insights into how stakeholder perceptions differed across groups. The thematic analysis was conducted to reduce the data and provide a framework for the codes and categories that related to inclusion, role perception, and the Giant Steps program. These codes and categories were then organized into three major themes: the unique program aspects of Giant Steps,

understanding the inclusion process through a holistic approach, and the stakeholders' perceptions and understanding of inclusion for students of Giant Steps.

Summary of Methodology

As a self-contained school that operates as a therapeutic centre for children with ASD, Giant Steps delivers a unique program that prepares its students for inclusive classrooms. This case context for Giant Steps informed the qualitative case study approach used to explore how Giant Steps transitions students with ASD into inclusive classrooms. The case study was conducted under an interpretive worldview that recognized the multiple truths that existed (Hesse-Biber & Leavy, 2011; Merriam, 2009) in exploring the stakeholders' perspectives and perceptions about inclusion. A case study methodology was selected to provide insights into better understanding self-contained schooling as a process in preparing students with ASD for inclusion, and whereby Giant Steps represented an instrumental case study. In terms of the research design, data was collected through 20 semi-structured, in-depth interviews with 10 participants representing five different participant groups (i.e., parents, teachers, therapists, program assistants, and the executive director). The 10 participants were interviewed twice with member checking conducted for each interview. The interview data was analyzed using open, axial, and thematic coding, which reduced the data into codes, categories, and themes. The researcher identified three major themes that are presented in the following chapter.

CHAPTER IV: RESEARCH FINDINGS

The purpose of this qualitative study was to investigate how Giant Steps prepares students with ASD for transition back into local inclusive classrooms and to explore stakeholders' perceptions about inclusion. Data was collected through two rounds of in-depth interviews totaling approximately 60 minutes in length across two interviews with each of the 10 participants. The interviews were comprised of questions about participants' background in ASD, their perceptions regarding inclusion, and the inclusion process used at Giant Steps. Research findings were developed and are comprehensively discussed in this chapter. The findings are presented through three major themes: 1) program aspects of Giant Steps, 2) holistic approach, and 3) inclusion not integration.

These themes were developed to promote an understanding about how students at Giant Steps were prepared for inclusive classrooms and how different stakeholders within the program perceived inclusion and their role in preparing students for inclusive classrooms. The program aspects of Giant Steps constitute the first major theme and is associated with three sub-themes: a) self-contained preparation for inclusion, b) individualized program goals, and c) staff expertise and knowledge exchange. The holistic approach of Giant Steps is the second major theme and is characterized by two sub-themes: a) a collaborative/team approach, and b) role perception and enactment. The understanding that the Giant Steps program embodies values of inclusion not integration is the third and final major theme and can be further understood through two sub-themes: a) creating an inclusive learning environment, and b) establishing peer relationships. These three major themes and their respective sub-themes (see Table 3) comprise the Chapter IV findings of this thesis study.

Table 3

Connections between Findings (Themes and Sub-themes), Research Questions, and Theoretical Framework.

Research Question	Related Codes and Categories	Major Themes and Sub-themes	Theoretical Framework
How does Giant Steps prepare and support children with ASD for inclusion?	- Assessment tools - Building towards inclusion - Early intervention - Factors for graduating - GS environment - GS process - GS program - GS program goals - Knowledge of ASD - Knowledge of students - Modifications - Parents' views of GS - Post-GS - Self-contained vs. inclusion - Skills/tools taught at GS - Skills taught for inclusion - Social skills - Socialization - Therapies	Program aspects of Giant Steps *(THEME 1)* - Self-contained preparation for inclusion *(SUB-THEME 1)* o In-house therapies ▪ Vs. consultative therapy in public school system ▪ Bi-weekly therapy schedule ▪ Therapies and academics in one place o Preparation ▪ Factors for graduating ▪ Building towards successful inclusion o Modifications o Assessment tools - Individualized program goals *(SUB-THEME 2)* o Skills and tools taught at Giant Steps ▪ Life skills, independence o Skills taught for inclusion (and life beyond) ▪ Self-regulation, positive behaviours, social skills - Staff expertise and knowledge exchange *(SUB-THEME 3)* o Of students ▪ Bringing therapy and knowledge from Giant Steps to homeschool ▪ Recognizing parent expertise o Of ASD ▪ Collective expertise o Building towards inclusion ▪ Between Giant Steps and homeschools ▪ Parent training (bi-annual)	Self-contained microsystem Therapy microsystem Academic-therapy mesosystem Giant Steps-home mesosystem Giant Steps-homeschool mesosystem
How do educators, therapists, program assistants, and parents perceive their role in preparing students with ASD for inclusion?	- Attitudes towards inclusion - Changes to education - Community inclusion - Factors that affect inclusion	Holistic Approach *(THEME 2)* o Giant Steps presence across settings o Blend of therapies and academics - Collaborative/team approach *(SUB-THEME 1)* o Identifying Giant Steps team members ▪ Recognizing importance of program assistants ▪ Recognizing importance of	Academic-therapy microsystem

How do educators, therapists, program assistants, and parents enact their role in preparing students with ASD for inclusion?	- Homeroom teacher - Homeschool teacher effect on peers - Inclusive environments - Inclusion after graduation - Relationships - Role perception - Staff training - Team approach	parents o Engaging homeschool staff ▪ Homeschool principals ▪ Homeschool teachers o Universal support system ▪ Staff supporting students ▪ Staff supporting staff o Communication across Giant Steps team ▪ Collaboration between teachers and therapists ▪ Collaboration between all three (3) therapists o Community outings/field trips - Role perception and enactment *(SUB-THEME 2)* o Of teachers o Of program assistants o Of therapists o Of executive director o Of parents and siblings o Of homeschool staff	Giant Steps-homeschool mesosystem Giant Steps-community mesosystem Community chronosystem Giant Steps macrosystem
What are participants' beliefs about the nature of inclusion?	- Children with ASD vs. typically developing children - Communication skills - Creating a successful inclusion placement - Defining successful inclusion Development of friendships - Goal of inclusion - Outcome of inclusion - Peer acceptance - Peer attitude - Peer communication - Peer knowledge - Peer teaching student with ASD - Perception of inclusion	Inclusion Not Integration *(THEME 3)* o Inclusion vs. integration - Creating an inclusive learning environment *(SUB-THEME 1)* o Homeschool teacher attitudes, knowledge, experience o Giant Steps support ▪ Homeschool classroom visits ▪ Ongoing communication (teachers, therapists, program assistants) ▪ Addressing parent concerns - Establishing peer relationships *(SUB-THEME 2)* o Participants' understanding of inclusion ▪ Language of relationships, friendships ▪ Language of socialization, social skills o Facilitated interactions ▪ Social skills therapies ▪ Engagement ▪ Reinforcement o Promoting peers acceptance ▪ Peer training ▪ Peer groups, *Circle of Friends* o Inclusion extending beyond classroom	Homeschool exosystem Giant Steps-homeschool mesosystem Inclusive education chronosystem

An outline of the research questions and related themes were presented in Table 3 in order to facilitate an understanding of how the research findings, including the major themes and sub-themes, connected to the research questions and were informed by the bioecological model of human development.

Program Aspects of Giant Steps

The process that students of Giant Steps undergo in preparation for inclusive learning environments was found to reveal program characteristics specific to Giant Steps that warrant discussion. The Giant Steps process was found to revolve around three central aspects: 1) self-contained preparation for inclusion, 2) individualized program goals, and 3) staff expertise and knowledge exchange. These three aspects explain how Giant Steps is able to transition students from a self-contained environment into an inclusive learning environment. The process used by Giant Steps staff to prepare students with ASD to transition from a self-contained environment to an inclusive classroom was a major finding for this case study that is further explained below.

Self-contained Preparation for Inclusion

While most classrooms are either defined as inclusive or self-contained (Ministry of Education, 2007), the Giant Steps program is unique in the fact that it is a self-contained school intended to promote inclusion. The goal for all students who attend the school is to eventually transition into an inclusive classroom (Giant Steps Inc., n.d.). Jessica (Executive Director [ED]) described the unique Giant Steps environment as "partial participation" within a self-contained environment: "students are part of two environments their homeschool and Giant Steps so therefore they are partially participating in inclusion until they leave Giant Steps." A unique partnership with the local school board allows Giant Steps to promote inclusion by providing students with ASD the opportunity to participate in an inclusive classroom with support that

might otherwise not have been available to them. Donna (Parent) commented on this partnership stating, "it's huge I don't think [my son] would've gotten that exposure [to peers and the school community environment] if it hadn't been for Giant Steps, and the inclusion aspect." The staff at Giant Steps support their students in inclusive classes by providing the support of a program assistant who is knowledgeable about the student and their programming.

Katrina (Teacher) discussed how Giant Steps staff also support students through providing "direct therapies as well as academic support, in order to better prepare the students to go into a classroom where they may only receive consultation of service for speech and OT [occupational therapy]." The general ecological model as developed by Bronfenbrenner (1994) stated that individuals develop as a function of increasingly more complex reciprocal interactions between their biology and immediate environments. The interactions with the environment need to occur over a prolonged period of time and on a regular basis to be effective in promoting change (Bronfenbrenner, 1994). This suggests that in order for therapy (e.g., learning a new skill) to have an effect on a students' development or behaviour, the therapy must take place regularly and for an extended period of time.

The Giant Steps inclusion process is relatively new in the current discourse regarding full-time inclusion versus partial inclusion as discussed by Berg and Schneider (2012). Although students who attend Giant Steps do not begin inclusion on a full-time basis, the goal for students is to eventually participate in full-time inclusion. Sara (Teacher) affirmed this goal by stating that "it's a process, we start out slow once or twice a week at inclusion for a half a day and then build until the student is at 50 percent." The process of developing readiness for full inclusion raises the discussion about how inclusion can be best implemented. At Giant Steps, the staff develop inclusion readiness through individualized programming that addresses students' learning needs,

who are then supported at their inclusion placements by a program assistant from Giant Steps. Donna (Parent) commented on having a program assistant provide support in the homeschool:

> Providing a program assistant to go with him is huge because that same program assistant is aware of what his communications skills are… to have someone who's been to his therapies with him and knows exactly what [my son] is exactly capable of and knows where to push, where to kind of stay back, yeah, that makes a big difference.

The Giant Steps program can be further examined through the framework of bioecological theory (Bronfenbrenner, 1977; 1979), and specifically through the mesosystem (a system of microsystems). While most students attend one school at a time, Giant Steps students attend two schools as Giant Steps represents one microsystem while the students' homeschools represent another microsystem. Furthermore within Giant Steps, therapy and academic programming serve as separate though interconnected microsystems that must be coordinated to ensure positive development for the students. The programming that occurs within the various microsystems of Giant Steps is then followed through into the students' homeschool and home microsystems. Staff at Giant Steps attempt to ensure that programming occurs at both the homeschool and home by providing programming that can be easily modified to work within multiple settings. Jessica (ED) discussed program transferability:

> We're not going to send programming home that is not able to be followed through with because I don't expect many people have a swing in their living room. So that part of our occupational therapy wouldn't happen at home but we look at realistic goals that can be generalized in all environments.

These microsystems demonstrate how multiple microsystems might be necessary to meet the learning needs of some students with ASD. The therapy microsystem is a unique element of

Giant Steps that is distinctive from the consultative therapy offered within inclusive public schools.

In-house therapy. Participants frequently discussed the important role of weekly therapy (behaviour, sensory systems, communication, social skills) for students. Donna (Parent) explained that "if it wasn't for Giant Steps I don't think we would've been able to facilitate so many different therapies… I don't think we would've even been able to… carry them over into this [homeschool] classroom." Giant Steps staff provide students with opportunities to participate in therapy during the school day that they might not otherwise be able to receive. Three participant groups discussed differences between consultative therapy within the school board and in-house therapy at Giant Steps:

> They [school board therapists] would come maybe once a term and do a half hour to an hour observation and then make suggestions to the staff... [but] there wasn't follow-up on it and if I had any questions or concerns, I'd have to wait until this therapist was able to come back to that school and do another visit it just seemed like a very lengthy process to have things put in place, whereas at Giant Steps I've always felt like I could pick up the phone or send an e-mail, get in touch with a therapist, have a conversation about what's going on, they make suggestions and then "boom," they're put into place. (Donna, Parent)

A teacher participant similarly commented on the lengthiness of therapy visits within the public school system:

> In a typical school my colleagues will say 'Oh I called the Autism team and they can come out in three weeks'. Well three weeks is a long time for a child to sit and wait for

> something that's probably a really simple solution. So the combination of therapy plus academics here I think moves our kids forward faster. (Sara, Teacher)

The consultative nature of therapy within public the school board also was discussed by one of the therapists:

> It's very rare to have therapists present in the school all of the time… a lot of the therapists are consultative. So they come in, they might have three or four visits to the classroom just saying 'Oh they need this, they need that, they need this' and then they'll come back in three months and see how it's working. Whereas here they see us on a daily basis… we're always here so that if there's an issue that comes up or a concern that comes up, we're right there to handle it right away. (Vanessa, Therapist)

In addition to the direct and individualized therapy at Giant Steps, therapy is integrated with academics as part of a systematic and coordinated program that, according to Sara (Teacher), results in faster progressions for the students at Giant Steps. As Rachel (Therapist) remarked, "we provide direct therapies as well as academic support, in order to better prepare the students to go into a classroom." The connection between therapies and academics allows for communication and coordination between microsystems in order to promote the holistic growth of students that is discussed in more detail in the next theme. This overarching therapy that carries over into the classrooms at Giant Steps and in students' homeschools allows for consistency and continued practice that are important because "we [want to] have a child engaging in consistent appropriate behaviours" (Jenny, Therapist). By providing weekly therapy and programming across settings or microsystems, the students have more opportunities to engage in appropriate behaviours such as self-regulating skills, communicating with staff and peers, and independence skills.

For each Giant Steps student, therapy begins with assessments so that the therapists can create goals and therapy plans that accurately meet the needs of the students. Rachel (Therapist) explained the process of administering therapeutic assessments as part of developing therapy plans:

> I will conduct my assessment and then based on my assessment I'll meet with the team first without the parents to share the goals I'm suggesting for the child and we will brainstorm so there is some part that is collaborative between the team, but I bring my knowledge from my field and my assessment to support the goals I'm setting and the other therapists will bring their assessments.

Jenny (Therapist) also spoke to the collaborative approach to therapy at Giant Steps:

> I work very closely with the speech and language pathologist. I find the function and then she assesses the child and then she tells me what's the best way for the child to communicate and then we'll look for an appropriate behaviour to indicate something.

While all of the therapists work together to develop the students' skills, their individual therapy sessions differ depending on the type of therapy, the goal, and the student. Rachel (Therapist) discussed her therapy sessions explaining that "lots of children are working on using their alternative modes of communication so apps on an iPad, and then a goal for me with this child might be a very specific grammar goal like let's add '-ing' to your verbs."

Therapy at Giant Steps operates on a bi-weekly schedule with the nature of the therapy sessions differing between weeks. During the Week 1 schedule, students participate in three different therapy sessions (i.e., speech and language, occupational therapy, and behaviour therapy) "where we actually see the child one-on-one in a therapy session, so we're working very intensively on our goals" (Rachel, Therapist). This differs from therapy services that students

would ordinarily receive in a homeschool classroom in that "the therapists… actually administer therapy [hands-on], they're not just observing and giving recommendations" (Donna, Parent). As therapy sessions are separate from academic classroom learning, these two microsystems operate independently during the Week 1 schedule. However, one therapist participant discussed that while it was important for the other therapists to see students on a scheduled basis in their therapy rooms, it was not always possible to keep a schedule because students did not act out or need support at set times:

> Instead of getting the child out of the classroom as the [other therapists] would do, that doesn't make any sense for me. So I go into the classroom and I observe a specific child, and provide specific feedback but if another student requires my help I might have to alter the schedule for student most in need. (Jenny, Therapist)

While the Week 1 therapy schedule focuses on therapy as an individual microsystem, the Week 2 schedule is characterized by interactions between the therapy and academic microsystems that can be understood as an academic-therapy mesosystem. Specifically, therapists observe students in their classroom environments during Week 2: "they're [therapists] actually putting it in place, they're going into the classroom, seeing what's going on and making suggestions to the staff" (Donna, Parent). During these observations, the therapists continue to support the therapy goals established in Week 1 and they "observe the classroom dynamic" (Rachel, Therapist) while also assisting and supporting classroom teachers and program assistants in their efforts to implement the therapy goals. Vanessa (Therapist) discussed her supporting role during the Week 2 schedule: "I'm in the classroom working with the program assistants to make sure protocols are being followed sensory-wise if they have any questions, if I have any ways that my goals can be implemented into the classroom I make suggestions."

The interactions across the therapy and academic microsystems are consistent with Neal and Neal's (2013) revision of the ecological systems framework from one of physical location/setting (Bronfenbrenner, 1979) to one of social interactions. While the setting of the microsystems change on Week 2, the roles and identities of the therapists remain the same. By entering the classroom, the therapists are able to observe how their therapy goals are enacted in a social context and gain formative feedback about what is working well and what needs to be changed. They are also able to communicate with the program assistants and observe first-hand how their goals are being implemented and if the goals are working for the students within a classroom setting.

The overlapping microsystems on Week 2 also foster in-depth communication since the therapists are provided with a firsthand and consistent frame of reference for questions or issues presented by program assistants or teachers: "I'm working with the staff, listening to their questions and making recommendations to ensure programming best meets the needs of the students" (Jenny, Therapist). Giant Steps therapists are present full-time in the school and have extensive knowledge both in their respective fields of expertise (i.e., speech and language therapy, occupational therapy, behavioural therapy) and of the students due to their bi-weekly therapy sessions (Week 1) and classroom observations/interactions (Week 2). Jenny (Therapist) discussed the importance of being present in the school full-time:

> Getting to really know the students as individuals is so important because they are all different, I work with them one-on-one, in the classroom, I take notes and I share my knowledge with the clinical team and learn about the students from the others and their perspectives.

In this way, the therapists as well as the other Giant Steps staff members share an extensive knowledge base of their students that are essential for developing effective program goals, the second subtheme and program aspect of Giant.

Individualized Program Goals

The goals created by Giant Steps focus on the two areas of learning needs that apply to students with ASD: social communication and interaction and RRBs (APA, 2013). These program goals are individualized to meet the specific needs of all students, yet are created towards two common outcomes: 1) to transition students back into full-time inclusion; and 2) to develop life skills that are necessary for students' success in life after school. Bennett (2009) affirms that inclusion should extend beyond the classroom and allow students to be successful in all aspects of life. At Giant Steps, there are academic goals that focus on curriculum grade level expectations and Assessment for Basic Language and Learning Skills (ABLLS) expectations:

> We use a combination of the ABLLS and the Ontario curriculum and I combine the two so that the kids are getting the best of both worlds. They're getting foundation skills that they need because of their diagnosis, but then they're also getting curriculum goals that they can use when they go back to inclusion. (Sara, Teacher)

Academic goals are also developed with consideration for life skills required to function in society independently (e.g., telling time, understanding monetary values, social skills). The therapies offered at Giant Steps also focus on skills needed to be successful within inclusive settings. For example, the behavioural therapist develops goals that work towards increasing positive (or appropriate) behaviours while decreasing negative (or inappropriate) behaviours: "we want students to engage in appropriate behaviours so that inclusion is a positive experience for everybody, in order for them [the students] to develop more friendships" (Katrina, Teacher).

Exhibiting negative behaviours in an inclusion classroom can result in students with ASD being removed from the classroom and placed in self-contained classes (McCurdy & Cole, 2014). In terms of occupational therapy, daily living skills are a main focus when setting goals (e.g., using a pencil, dressing independently, toileting). These life skill goals are created with the objective of developing students' independence within inclusive settings as well as for life after school.

The transition process examines the skills and learning needs that students will need to acquire before entering their homeschool classroom. The classrooms at Giant Steps are arranged to resemble inclusive classrooms by providing students with an opportunity to practice behaviours and conduct expected in inclusive classrooms. For instance, Sara (Teacher) explained the importance of listening and self-advocacy:

> The kids are taught that what the teacher says in the room is what we need to do. The program assistants are really good at redirecting them back to the teacher to get their help. We do that so that the kids when they go to [inclusion] are able to seek help by themselves, and they can self-advocate for themselves better.

The reintegration process is also designed to assist students with their academic learning with the goal of helping students to work at (or near) their grade level. To assist students in their academics, the teacher provides students who require help with necessary modifications and accommodations that will help them in completing grade level curriculum expectations based on their IEPs. Sara (Teacher) remarked that "I have some students who struggle with curriculum expectations and others that have no problems just like any other classroom." As Giant Steps students begin to meet their academic and therapy goals, staff initiate the preparation process for inclusion. The inclusion process begins on a part-time basis as students attend their homeschool

class once or twice a week for two to three periods of the school day. As Sara (Teacher) commented:

> I start slow… I tend to start half a day or two half-days a week and we go and go and then I look socially [at peer friendships] and I use [read the student's level of] anxiety and I follow the child's lead because they're the ones that are going to tell me if it's working for them or not.

As students become more comfortable and successful in their homeschool classes, inclusion increases to half-days (e.g., five morning, five afternoons), and eventually permanent, full-time inclusion goals can be developed. This transition process requires a constant sharing and exchanging of knowledge between the Giant Steps teachers, program assistants, therapists, parents, homeschool teachers, and students.

Staff Expertise and Knowledge Exchange

Upon students' enrollment in Giant Steps, the staff immediately get to know the students in order to build a program specific to their learning strengths, learning needs, and personal interests. Students normally are enrolled full-time at Giant Steps for the first year that they are admitted to the program. Sara (Teacher) explained the rationale for the minimum one year requirement in the Giant Steps program:

> Every new student that comes here stays in-house for a year, because we think it takes us a year to really get to know who they are, what their trigger are, what their behaviours are… that cannot happen within a week, it does not happen within a month, it does not happen within six months… it takes a year to really get to know what they are going to do.

Spending a full year getting to know the students differs drastically from the school board

whereby participants, as previously stated, discussed how therapists employed by the school board developed programs for children with ASD after only observing them for a short period of time. At Giant Steps however, the staff work with the students and understand that "being diagnosed with ASD is just one part of who the student is" (Jessica, ED). By getting to know the students and supporting them on a consistent basis, the Giant Steps staff develop a comprehensive understanding of what will and will not work for them, and therapists are able to adjust their programming without having to reassess students beforehand.

All staff members take the time to get to know the students as children first, as well as in context of their professional position (e.g., therapists, educator). All students have clipboards on their desk that outline their individual education and therapy programs. These notes ensure that all staff can familiarize themselves about students and maintain consistency in their programming. The knowledge base and expertise of Giant Steps staff members appears to distinguish them from staff in inclusive schools:

> Everyone's very knowledgeable when it comes to [ASD], we all have very specific skills in that area, whereas in another school people may have more general skills for a wider range of disabilities or challenges but here we're very specific to a population which I think also helps. (Vanessa, Therapist)

The staff who work at Giant Steps are highly knowledgeable in the area of ASD, many with years of experience in the field. The expertise among Giant Steps staff addresses the concerns of Lindsay et al. (2013) that children with ASD are increasingly integrated into inclusive classrooms where teachers are expected to provide inclusive environments with very limited knowledge and understanding about how to support the specific needs of children with ASD. Through a constant exchange of knowledge, Giant Steps staff are not expected to know

how to support every learning need of every student; “no one person is supposed to know everything, that’s why there are so many different experts in their field to support one another” (Jessica, ED). Instead, Giant Steps relies on the collective expertise of all its staff members to identify and meet the needs of all its students. Simpson and Mandich (2012) similarly found that teachers needed to work with other staff to ensure that all of the needs of students with exceptionalities were met.

The relationships that teachers and program assistants at Giant Steps develop with the students enables therapy plans and academic goals to be effectively followed through when the students transition to their inclusive placements. The program assistants have a deep knowledge of the students and understand their capabilities as well as their individual programs and programming needs. According to Pivik et al. (2002), sophisticated knowledge and experience in working with students with exceptionalities is needed when creating an inclusive classroom. By having program assistants accompany the Giant Steps students to their inclusive placements, Giant Steps reduces pressures on homeschool teachers to possess specific expertise for every student with ASD. The strong relationships that staff develop with the students creates a deeper understanding of their feelings and comfort level at their homeschool:

> I think because these kids [have Autism] sometimes people look at them ‘Oh they’re autistic’ and they don’t necessarily take into consideration their thoughts and what they’re saying and I really do believe that every child that we have successfully integrated and graduated from here has told us ‘That’s really hard I can’t be there. Or, ‘I really like it, I don’t want to be here anymore.’ (Sara, Teacher)

Giant Steps staff also recognized and embraced the expertise of parents who are required to be actively involved in their children’s education at Giant Steps and provide input for the

development of a program that best meets the needs of their children. As Jessica (ED) acknowledged, "If anything the parent is the expert on the child not us so they provide us with information. They also provide us with what's happening at home." Parent involvement is vital because parents are not only expected to be involved in the planning of program goals, but also in the implementation of these goals in the home setting. As a result, therapists will train parents and develop specific home therapy plans. Parents attend training sessions twice a year where "they can come and they see what everyone is doing with their child so that they can do the same things with them at home" (Sara, Teacher). Parents are also encouraged to contact the therapists, teachers, or the executive director throughout the year if they have any concerns or questions. Likewise, the executive director, behaviour therapist, and/or teacher will visit students' homes to observe the family dynamics and assist/advise parents in implementing therapy programs at home.

Knowledge exchange also occurs throughout the inclusion process as the executive director will meet several times with the homeschool principal and various other homeschool staff to discuss the process for inclusion. During this meeting, Giant Steps staff share the student's program, outline supports and resources they use with the student, and explain the student's current goals:

> We meet with the school, and the principal… have a conversation with them, and make sure that they are aware of Giant Steps… we introduce them to the family, and my special education teacher would come and talk about the child. (Jessica, ED)

These exchanges or interactions between Giant Steps and homeschool staff are elaborated on in the next theme that discusses the collaborative/team approach. Overall, Giant Steps follows a systematic preparation process to ensure that students leave the program with appropriate

supports and resources to succeed in inclusive classrooms. The self-contained environment, the program goals, and the staff expertise and knowledge exchange that comprise the unique program aspects of Giant Steps are ultimately delivered through a holistic approach, which represents the second major theme.

Holistic Approach

The approach used by Giant Steps in helping and supporting the development of children with ASD was found to be holistic based on various factors. Through a collaborative team approach, Giant Steps staff were involved beyond the school's self-contained environment and engage with students at their homeschools, in their homes, as well as in the community. The National Autism Center (2015) regards this holistic approach as naturalistic teaching strategies that are described as interventions for teaching skills to children with ASD in their home, school, and community. The Giant Steps presence across the various settings or microsystems of students' lives ensures their holistic development. In addition to embracing a holistic approach across settings, Giant Steps also operates holistically within its self-contained environment by providing therapies and academics in the same building. Sara (Teacher) for example discussed the value of having therapy within the school:

> I think the value of this program for this population is the therapy component. Any child can go to school, any child can have a consultant come in and tell the teacher 'You need to make those pictures and put the schedule up,' but then they're gone. I am lucky enough that if I've got a student who is not pronouncing something correctly or is so behavioural I have no idea anymore what to do with them, I walk down the hall. I don't place a phone call, I don't wait three or four weeks to hear back from anybody. So the hands-on approach that this program offers and the resources that are at the fingertips of everybody

working in this building, as an educator, is non-comparable; there isn't anything else out there.

Jessica (ED) also commented on the holistic approach of providing therapeutic and academic programming together stating, "To use therapy and academics together to develop some kind of a program that supports the children adequately is what makes this school so special." The blend of therapies and academics offered at Giant Steps combines different schools of thought in order to develop the whole child and targets all areas of development through a team approach. In this way, a universal support system for Giant Steps students and staff alike is created by the team approach that recognizes and relies on all Giant Steps staff and parents as well as homeschool staff as team members. The findings regarding the holistic approach of Giant Steps are discussed in further detail under the following two sub-themes: 1) collaborative/team approach and 2) role perception of the team members.

Collaborative/Team Approach

The team that supports students with exceptionalities within inclusive schools generally would consist of the principal and/or vice-principal, Resource Teachers (if available), the homeroom teacher (if available), support staff, and potentially support staff from the board or community (YRDSD, 2013). Parents and students, however, are categorized as *other* (YRDSB, 2014) and have more of an informative role in providing the in-school team with information on an as-needed basis. The participants in this case study, however, recognized parents as "part of the team too, they have to approve of the goals that we've suggested" (Rachel, Therapist), and are thus brought in for their input, suggestions, and approval to begin their children's inclusion placements: "we meet with the family and make sure that the family is comfortable and ready for that initial inclusion piece. Then we meet with the [home] school, and that would be the

principal" (Jessica, ED). The purpose of meeting with homeschool principals is to discuss Giant Steps students' strengths and needs so that an appropriate homeschool class and teacher can be selected, who is subsequently included in the team. The inclusion teachers are further engaged as team members by "encouraging them to come and see where that student is when they're not with them, so they get a sense of the therapy team that comes along with this child" (Jessica, ED). The holistic approach that intersects microsystems by having homeschool teachers visit Giant Steps is likewise promoted by having the Giant Steps students, their parents, and their program assistants visit and tour the homeschool in order to familiarize themselves with the inclusive environment prior to commencing their inclusion placement.

Program assistants typically are not part of the in-school team at inclusive schools, and therapists are only consulted and involved when needed and available (YRDSB, 2014). The team approach to Giant Steps is holistic in that all staff members of Giant Steps as well as key individuals from students' homeschools are part of the universal support system and involved in the school team: "we try to include everyone in the planning and developing of program goals for our students so homeschool teachers, SERTs [special education resource teachers] and principals are always invited to attend our planning meetings" (Jessica, ED). Program assistants are important members of the Giant Steps team as they provide firsthand support to the students. During inclusive placements, program assistants are the primary support system for Giant Steps students, "the program assistant is the one that's there, they're my eyes there and they're trained, they're educated… to go out and make the whole thing come together out at [the inclusion] school" (Sara, Teacher). The universal support system that begins with the program assistants supporting the students also supports the program assistants themselves. The Giant Steps teachers will communicate regularly with the program assistants "to find out what's happening in

the class and then can modify or adapt the programming materials with the program assistant." (Katrina, Teacher). In general, active communication allows any member of the team to reach out to another member for advice or support:

> It's really crucial to have the kind of staff that who willing to support each other with the kind of work we do. And I think it's important that we all are able to come together on how we're doing things so that when we need backup, we know that someone's going to jump in.

The collaborative approach to supporting students at Giant Steps coincides with Simpson and Mandich's (2012) conclusion that teachers needed to work together with other school personnel in order to ensure that IEPs represented the best programming possible for students. Giant Steps collaboratively develops students' IEPs through joint discussions between the executive director, therapists, teachers, and parents. As Rachel (Therapist) explained, "we develop our individual goals by ourselves and then we come together to share our goal ideas and form a connected goal together that targets all of the individual goal ideas." In this way, team members integrate and elaborate on specific suggestions brought forward by their colleagues, whereby "if a therapist's goal is to work on requesting then I will try to integrate this goal into my therapy session as well" (Jenny, Therapist). The holistic approach to therapy at Giant Steps collectively addresses both areas of need (social communication and interaction, and RRBs) for students diagnosed with ASD as well as their academic programming:

> It's like having a recipe. If you forget to put the salt into the cake it's not going to taste right so we look at a little bit of OT [occupational therapy], a little bit of academics, a little bit of communication because we want to treat the whole child and put together that collective approach. (Jessica, ED)

This integrated team approach is vital as it connects therapeutic and academic programming by providing teachers and therapists with opportunities to communicate and develop students' goals. This was affirmed by both therapist and teacher participants:

> A large portion of Giant Steps is working as team so… sometimes speech is very important in terms of giving them the social skills to be successful but they also need to have the academic piece or they need to have their sensory system under control in order to attend to inclusion and attend to the classes so I don't think it's one person I think it's a team effort. (Rachel, Therapist)

> In terms of me working with the rest of the therapy team, we work together I know what their goals are, they know what my goals are. I try to incorporate as much of their therapy goals into our program. (Sara, Teacher)

The team approach ensures that students work on their goals across microsystems and provides them with multiple and consistent opportunities to grow and learn. The parent participants discussed the benefits of the team-based provision of therapies and academics within Giant Steps, in contrast to separate and often disconnected therapies and academics within the regular school system:

> If send my kid to regular school and provide individually each of those services for him, for example I hirer an OT, I hirer a speech language pathologist, I hirer [a behaviour therapist] to work with my kids and they are not connected together, you don't see the results. But in here, you have academics run by… experienced special education teachers, we have OT in the same building, speech therapies, behaviour therapies all of those professional people they are connecting together and… they all they know each other's goals and they try to work together and this is so important (Sheila, Parent)

> It is just feasible both financially, knowing that he's getting all those therapies in once place. Logistically it helps too because I have two other children as well and between their schedules and [my son]'s schedules and if he was just going to his regular school and having to work all that in like his OT appointments and speech appointments and if we needed to consult the behaviouralist, it is kind of hard to do all that. (Donna, Parent)

While convenient for the parents, integrating therapeutic and academic programming also extends the holistic development of the students to community microsystems through weekly outings and/or field trips. As Jessica (ED) explained, "we do a community skating program, we do swimming programs, we do school trips throughout the year. We participated in track and field meets, you need to be able to operate within a community." The goal of these outings is to provide students with important skills for later in life, as well as to help educate the community about interacting with individuals with ASD as "there's still so many people who are so unexposed and don't know how to react and are staring, and not sure how to think about things. So I think it's important [to educate the surrounding community]" (Meghan, PA). Giant Steps focuses on physical life skills (e.g., swimming, skating) as well as daily life skills (e.g., taking a bus, buying groceries). In this way, Giant Steps students are able to develop and apply life skills in inclusive community settings: "When we go to the grocery store that is definitely a form of inclusion for both sides. To find a cashier who is patient enough to take money from a child and give change back" (Meghan, Parent). Prior to these field trips, lessons are taught to the students in their classrooms to provide them with background knowledge, including important safety information about the community setting. The community outings also present an opportunity for Giant Steps to educate the surrounding community about ASD and how to support individuals with ASD:

> Part of what I like to do when I take the kids out is to make sure that the community around them knows that it's okay; and that when we're in the mall and everyone is staring, it's not unbeknownst to me to say 'you know what it's okay, these are my students and they have Autism. Come and say hi'. So you are doing a lot of community education. (Sara, Teacher)

Likewise, many skating or swimming instructors may have no experience working with individuals with ASD, and so the Giant Steps staff will meet with them beforehand to talk about ASD and what can be done to help the students be successful:

> We have discussions with our skating instructors and our swimming instructors prior to the lessons occurring, to give them a little bit of an understanding of what Autism is… [because] it's definitely a confusing disorder, but it's important that more people understand as much as possible. (Jessica, ED)

The holistic development of Giant Steps students is facilitated through the interconnectedness of the microsystems (i.e., therapy, academics, inclusion class, home setting, and community), and specifically through the connections between key individuals within and/or across each microsystem. Supporting the findings of Simpson and Mandich (2012), Giant Steps staff and support workers collaborate and support one another to develop and meet program goals, ensuring that students are able develop therapy-related goals at Giant Steps as well as when they transition to inclusive classrooms. The same is true for academic goals that are incorporated into therapy sessions. Moreover, these goals are put into applied settings through community outings. In this way, it is important that all Giant Steps staff understand their individual roles as well as how their roles interact with the roles of fellow team members, which is discussed in the second sub-theme of the holistic approach.

Role Perception and Enactment

Within the team approach at Giant Steps, there are many different yet overlapping roles as various staff work with the same students. As a result, it is very important for the staff to understand their individual roles in supporting and assisting students, while also understanding the roles of other team members. The following discussion focuses on the how different participants groups (i.e., teachers, program assistants, therapists, executive director, parents/siblings) understood and enacted their respective roles in preparing students for success in inclusive learning environments.

Teachers. There are four different groups of staff who work at Giant Steps including teachers, program assistants, therapists, and the executive director. As Giant Steps does not have a school principal, the teachers who work at Giant Steps report to the principal of a neighbouring elementary school in school board, and are thus employees of that school board and not Giant Steps. There are a total of two teachers at Giant Steps who are each responsible for two of four classes: junior, intermediate, primary, and kindergarten. The classroom classifications do not correspond with the age and grade system within typical schools given the unique circumstances of the students at Giant Steps and the severity of their diagnoses (e.g., verbal, non-verbal, cognitive ability, social skills, aggression level). Although both Giant Steps teachers are certified special education resource teachers (SERTs) (see Appendix A), "the board does not validate the resource teacher part" (Sarah, Teacher). SERTs have three main responsibilities: "program development and delivery, consultation and liaison and assessment" (YRDSB, 2014, p. 91). Nevertheless, the teachers at Giant Steps described their role as encompassing the responsibilities of a SERT without actually being designated as such.

Giant Step teachers are responsible for providing academic programming as well as creating a classroom experience that is comparable to that of an inclusion classroom, with the understanding that Giant Steps classrooms are comprised only of students with ASD. As part of their roles, teachers will also make the initial recommendation to begin the inclusion process, "[the teacher] often pushes and gets the ball rolling because [the teachers] are with the students every day and see how they are progressing" (Sara, Teacher). Connected to the teacher role is the responsibility to provide lesson plans, modifications, and accommodations that will be carried out so that the Giant Steps students can fully participate in their inclusion classrooms:

> [I communicate] with the classroom teacher and program assistant to find out what's happening in the class and then I can modify or adapt the programming materials with the program assistant. And then I do school visits, at least once a term, to support the classroom teacher and the students and the staff, the Giant Steps staff, to make it successful. (Katrina, Teacher)

The training (SERT by certification) and employment dynamics (employees of the school board) of the two teachers is seemingly unique to Giant Steps but is necessary as regular classroom teachers have been found to struggle in meeting the demands of the students with ASD (Lindsay et al., 2013), whereas the SERT participants were found to be fully capable of managing the many responsibilities of teaching at Giant Steps.

Program assistants. The Giant Steps program assistants are employed directly by Giant Steps and are not accountable to the school board as is the case for the teachers. Similar to educational assistants with the school board, program assistants provide direct, hands-on support to Giant Steps students. The program assistant participants understood their role as providing support to the students in participating in lesson activities and in completing school work, both

when they are at the Giant Steps and when they attend their inclusive placements. Program assistants recognized the shadowing yet empowering role that they play whereby on one hand their role is "to completely support the child in whatever way necessary" (Meghan, PA), and, on the other hand, is "to step back as much as possible too. If we can step back and let them do as much on their own as possible, that's the ultimate goal really." (Meghan, PA). The program assistant role was further understood in the unique context of supporting students with ASD: "as a Program Assistant, we have to really support the students and we have to know the strengths and the weaknesses, because each student is different" (Brenda, PA).

Program assistants act as advocates for Giant Steps students within their inclusion classrooms by ensuring that they are able to develop relationships/friendships, actively participate in the classroom, and answer questions. The program assistants further perceived their advocating role to include working with homeschool teachers, some of whom may not understand their role in relation to the Giant Steps students. This lack of role clarity was discussed by Meghan (PA):

> I think sometimes the teachers, maybe, aren't sure what their role is. I think sometimes the teachers might think 'Well, the program assistant is there with the student and they are going to do their thing, and they're just there.' But they don't necessarily actually include it into their class.

The program assistants believed that it was their responsibility to ensure their students' active engagement in the homeschool classroom: "as a program assistant, we have to let the teacher know that we want to participate" (Brenda, PA). The program assistant participants also indicated that their roles in homeschool classrooms were more isolated relative to their roles at Giant Steps, "[at Giant Steps], I can ask [for] help from anyone, everybody is so helpful… but [at

inclusion] you are all by yourself and of course teachers are there for you but most of the time they are busy" (Brenda, PA). Despite this sense of isolation, the Giant Steps team approach acts as a support system to the program assistants while at inclusive classrooms because they can rely on the teachers at Giant Steps to provide the accommodations and modifications for lessons:

> It's absolutely 100 percent a team effort. It's not one person providing that environment; it's a classroom teacher who's open and willing to provide that classroom environment; it's a program assistant that is keen and excited to assist our student through that environment; and it's me providing all the accommodations and modifications necessary. We all have an important role and together we all provide that for the students, so it's not one person it's definitely a collaborative approach. (Sara, Teacher)

Students may also have been prescribed therapy-related activities (e.g., data collection, reward systems, or sensory diets) that must be administered by the program assistants. Therefore, the program assistants must also look to the therapists for guidance in carrying out their roles.

Therapists. Similar to the program assistants, the therapists are employed by Giant Steps (and not the local school board) but administer therapy to students at Giant Steps only. They develop therapy sessions and plans for the students that can be carried out throughout the day and across various settings. The therapist participants viewed their role within Giant Steps as a direct service provider to the students and a consultant to the other staff. Two participants commented on their dual roles:

> It's more of a consultant role but it's an active consultant role it's not like [therapists] can't interact with the children [they] can definitely model how to interact with them. It's kind of like wearing many hats so... [the therapists] can be program assistant for few

> minutes to show them what would be a great idea to work on with this child. (Rachel, Therapist)
>
> If there's something very specific to that student, whether it was sensory or posture-related or positioning, I could play a role on that but sometimes too I would educate the program assistant who's going be going with them to inclusion… and then the program assistant could help facilitate that within the classroom but if it was something really specific that needed to come from me rather than come from a program assistant then I could do that. (Vanessa, Therapist)

Following the bi-weekly therapy schedule, the therapists follow the Individual Educational Therapy Plan for each student and assess their progress during Week 1. They then take on an active consultant role in Week 2 where not only are they observing the progress and behaviours of the students in the classroom, but they are also working with the other staff and helping them to work more effectively with the students. Rachel (Therapist) commented about her role in the classroom as an observer as well as a support staff:

> Week 2 is when we see the whole class, we see the child in that context for the week. And we're able to work directly with the program assistants and teachers to show them, or give suggestions on activities or work with the child in the classroom and then the program assistants can observe and we can give them feedback when they're working with the child.

Therapist participants also explained that they provided therapy in a separate capacity from each other in that "it's more a multi-disciplinary team because we don't for example do a lot of joint sessions where we have two professionals with one child" (Rachel, Therapist). Jessica (ED) concisely explained the roles of each respective therapist:

> Each one of our therapists have specific assessments according to their discipline where [the speech and language therapist is] looking at communication, expressive and receptive. We've got our occupational therapist looking at movement they're looking at the whole sensory. Our behaviour therapist is obviously looking at the function of behaviour and the child's ability to stay on task and work within a group environment.

Despite three the distinct therapeutic disciplines at Giant Steps, the therapists understood their therapy as within a clinical team approach that "includes OT, behaviour, speech and our clinical director coming from psychology" (Rachel, Therapist). Jenny (Therapist) provided a reaffirming statement:

> It's a team approach I really need the two of them in order to guide me. They are the specialists in their fields so I cannot come up with something that has to do with speech and language and I cannot come up with something that has to do with occupational therapy… because I might not have the right answer.

The therapists also viewed their roles within Giant Steps as very unique within Ontario, with Rachel (Therapist) stating: "there are therapy centres where… kids receive intensive therapy, behaviour, or speech. And there are schools that provide the academics but to put the two together it's very important and just not very present in the province." By providing therapy and helping to ensure therapy goals are being properly implemented in the classroom, the therapists at Giant Steps play an essential role in the inclusion process because they "can actually see the interactions on a daily basis of the students throughout the school. So they can see more hands-on the needs of the kids, day-to-day as opposed to just once a month" (Katrina, Teacher). However, the therapist participants explained that they had yet to experience any firsthand role in the inclusion process as they were relatively new to their positions, as Jenny (Therapist)

explained: “I haven’t really been in the process it’s my very first time.” The therapists nonetheless speculated that their role would be to assist the team by providing insight into how students’ therapy goals could help to support a successful inclusion. The executive director of Giant Steps also attested to the valuable role that past therapists played in creating therapy-specific strategies and goals for the students of Giant Steps.

Executive director. The existence of an executive director position further exemplifies the uniqueness of the school and its not-for-profit status. As a not-for-profit entity, the role of the executive director involves program oversight and reporting:

> I oversee the entire program and I also report to the Board of Directors. I’m responsible for the management of the program and then report to them [to ensure] that I’m following through with the protocols of the program. (Jessica, ED)

In this way, the executive director’s role significantly differs from that of a school principal and is why the Giant Steps teachers are accountable to the principal of a neighbouring school in the school board. The executive director of Giant Steps works in conjunction with the two teachers in their capacity to carry out Giant Steps’ programming, albeit not through a typical employer-employee relationship (as in the case with the therapists and program assistants at Giant Steps). The executive director of Giant Steps has an educational background in Sociology, Psychology, developmental services (formally called mental retardation counselling), Applied Behaviour Analysis, as well as years of professional experiences working with individuals with ASD (and other exceptionalities). The concept of a clinical director also is encompassed in the role of executive director with oversight of the behaviour, speech and language, and occupational therapists. The clinical director role embodies the holistic approach of Giant Steps and requires the executive director to be knowledgeable in all therapy areas:

> [The executive director is] definitely the one with the most experience working with this particular population… looking at all different elements and there to draw those keys members of the team to think, not only do you have to think about the behavioural issue but how does that sensory issue interact? [The executive director tries] to enhance that kind of thinking with the team members so that we're all thinking collectively and looking at the academic, the comprehension level what can that child understand? (Jessica, ED)

Another major role of the executive director is the screening and selection of applicants to attend Giant Steps. During the in-take process, the team is present to help and works together to make the most appropriate selection for admission. Students are selected based on how well they will fit into the program, if they will benefit from the curriculum, and how they will fit in with the other current students attending Giant Steps:

> When we do an intake here we try to look at the kids that come in and what's their need level, what can we best provide them? The best practices that we can possibly give them in order to be successful to send them out because we want to meet the needs of everybody that's here. So, our trend right now is to take them younger, early intervention is saying 'bring them in younger'. (Sara, Teacher)

The notion of early intervention also relates to the executive director's responsibility to utilize research and best practices in the delivery of Giant Steps' programming. For example, Jessica (ED) discussed the importance of early intervention:

> The earlier we can get the students the better, all the literature tends to suggest early intervention is the key when the child is younger and the brain is more malleable and you can make those connections so that the skills are being developed.

The final role discussed by the executive director is that of a liaison between Giant Steps and students' homeschools. The executive director represents the primary point of contact between the Giant Steps and homeschool microsystems when students begin their inclusive placements:

> I'm the initial liaison I explain what Giant Steps is, what we have to offer and how we're going to support that child… then I'm also involved when the child is integrating back into the school to make sure that those transitions are there and that the child can transition successfully when we discharge. (Jessica, ED)

Parents/siblings. A major requirement of all parents of students who attend the program is the willingness to be actively involved in their children's education at Giant Steps. This includes involvement in fundraising throughout the school year as there are tuition fees for associated with attending Giant Steps. In describing her role as a parent, Donna (Parent) stated that "I feel like there are two hats you have to wear as a parent. There's keeping up with his programming and then there's also the other side of it where you're involved in the fundraising." Parents must be available and willing to participate in a variety of different fundraising activities throughout the year to help the program reach set fundraising goals that offset the cost of having in-house therapists, positions which are not covered by the school board:

> This school is provided by school board but… [there are] costs for the therapy for the kids at the school that's why all the parents of Giant Steps they try to fundraise with different activities during the year… one of them is a marathon that we do in October… And the other one is a dance and dinner… we sell raffle ticket as well. (Sheila, Parent)

The parents are also an integral part of the school team and must be available to meet with the school staff to discuss programming and inclusion goals throughout the school year.

Specifically, parents are required to attend parent training "two or three times a year where they can come and they see what everyone's doing with their child so that they can do the same things with them at home" (Sara, Teacher). The role of parents within the Giant Steps team is crucial yet demanding, a finding that was affirmed by Donna (Parent): "it is not easy keeping up with [my child's] programming in general like I have two other children, I never had to be this involved." As a fundamental part of the team approach and the support system at Giant Steps, parents are able to communicate and meet with any Giant Steps staff to discuss any concerns or questions related to their children or their programming. As Sheila (Parent) explained, "we meet all together, sit together, see his needs and strengths and talk about it."

The role of the parents is part of the family outreach at Giant Steps, which also involves siblings of Giant Steps students. Through a siblings group run by Giant Steps,

> Brothers and sisters come in without their brother and sister [who attends Giant Steps] and we do things that are fun that their siblings do while they are here. We also provide them an opportunity to ask questions, 'why does [my brother/sister] do this and not this?' (Sara, Teacher)

The siblings group allows family members to learn about ASD and talk to other children that have siblings with ASD. The siblings group helps the brothers and sisters of students at Giant Steps recognize that they are not alone and understand their ongoing role in the lives of their brothers and/or sisters "ultimately it's the siblings that are going be looking after their brother and sister with ASD in the long-term" (Sara, Teacher). The families of Giant Steps students play are a fundamental part of the team approach "we work very closely with the families here, and you have to because it is not one person it takes a team; and if you do not have

the team approach with the parents in there, then it is not going to work" Sara (Teacher). Sara (Teacher) further elaborated the parents' role within the team approach:

> The therapy team, you know when you look at it from 9 to 5… is definitely the people in the building, but the first and foremost important people in that *team* are the parents. They guide us, they drive us, they know that child better than we do, and they have goals and expectations as well and we want to try and makes sure we're all doing the same thing for the greater end.

The team approach at Giant Steps was found to be central to the overall functioning of the school and success of its students, a point in which Jessica (ED) described:

> It's ultimately that team approach that makes a difference. You need to have everybody on the same page working with this child collectively. But there is no *one* way to do anything; you need a little bit of everything to have that successful approach.

The team approach is characterized by collaborative and consistent interactions across settings and between team members who each have distinct yet interconnected roles in supporting the holistic development of students at Giant Steps. Participants generally situated their roles in connection to others and within the context of a holistic approach that develops students with ASD at Giant Steps, at homeschools, at home settings, and in wider community. The full extent of inclusion for students at Giant Steps represents the third and final theme of the findings and is discussed next.

Inclusion Not Integration

Inclusion is the ultimate goal for students at Giant Steps, and yet the concept of inclusion for students with ASD is neither well defined nor well understood within the literature (Giangreco, 1997; Hehir & Katzman, 1996; Runswick-Cole, 2011). There is currently a two-

sided debate about inclusion involving whether inclusion should be, without exception, full-time integration within an inclusive classroom for all children, or whether inclusion should be part-time placements depending on the needs of the student (Berg & Schneider, 2012). Within the Ontario education system, inclusion tends to reflect the latter position with the amount of time students spend in an inclusive learning environment depending on their specific needs (Lupart & Webber, 2012). At Giant Steps, staff and parents want their students and children to be part of an inclusive learning environment where they can learn with their peers, albeit with the understanding that their students/children have specific learning needs that must be addressed in order for them to be successful in inclusive classrooms. These needs were understood and communicated by Sheila (Parent):

> Kids with ASD, they need [to be looked at] as a package… each child, they have different needs. And this school provides those things. Lots of professional staff working with the kids… and all the staff that work here are very knowledgeable, they know the kids, and they know their needs.

The relative success of Giant Steps students in inclusive settings can be considered using Berg and Schneider's (2012) distinction of inclusion from integration. Inclusion is when students with and without exceptionalities are placed in the same classroom and learn together in a same age and same grade setting; integration is when children with exceptionalities are placed in a special classroom for part of the day and then brought into the mainstream classroom for part of the day (Berg & Schneider, 2012). Integration can often be misrepresented as inclusion, which was the case for many students prior to attending Giant Steps:

> Although they [the public school] insisted it was inclusion, [my son] spent a lot of time on his own. He'd spend a lot of time riding a tricycle in the hallways because he had such

> a hard time sitting… He spent a lot of time just bouncing on a yoga ball in the hallway. I felt like he was being removed from class a lot; and they really didn't know how to get him more into the classroom. (Donna, Parent)

Through explicitly distinguishing integration from inclusion, Jessica (ED) was clear in promoting genuine inclusion at Giant Steps:

> Inclusion means exactly as the word would indicate – you are included, you're an equal participant; as opposed to integration where you pull up a desk within a classroom and you take up physical space but you're not actively involved within the classroom. So that's why we at Giant Steps call it inclusion as opposed to integration.

Giant Steps students need to be active participants in the classroom and fully able to communicate and participate in the different classroom lessons and activities. Rachel (Therapist) similarly expressed an understanding of inclusion as a full, engaging, and meaningful experience:

> Some of our students I think prior to coming to Giant Steps were at a general classroom environment that they were mostly just sitting and trying to be quiet and that's not really inclusion, right? So to make sure that they're participating as much as possible in classroom activities and social activities that they have a lot of opportunities throughout the day that they're successful there to the best that they can be.

In order for Giant Steps to accomplish this, there are a number of different steps that need to be put in place to ensure students experience inclusion and not integration. An inclusive learning environment must first be created for students, which will represent the first sub-theme. There are a number of other student factors that can effect inclusion (e.g. student behaviours, student independence, student ability to communicate with others), and Giant Steps staff try to

address these factors both before homeschool inclusion begins and during the assimilation process towards full-time inclusion. According the all the participants, a successful inclusion is defined by socialization and establishing peer relationships, which is the second sub-theme that will be discussed in this theme. Staff work towards promoting students' socialization by assisting them in building peer relationships in their homeschool environment. In order to ensure a truly inclusive experience for the students of Giant Steps, socialization must be promoted and an inclusive learning environment must be created wherein factors that could affect the inclusive learning environment are addressed (e.g. peers and teachers have accepting attitudes towards students with ASD, peers and teachers understand how to communicate with student with ASD).

Creating an Inclusive Learning Environment

In order for an inclusive learning environment to be created, there are different groups of people that need to support the inclusion. Inclusive learning environments are not created automatically and need to be established and embraced by classroom teachers (De Silva, 2013). While it is important to educate homeroom teachers about how to teach individuals with ASD, Lindsay (2007) discussed how teachers' overall attitudes will directly affect the extent to which their classrooms are inclusive learning environments. Two participants offered their insights into how classroom environments are dependent on the homeroom teachers:

> It depends on the teacher. Like one teacher I remember had, probably had no experience with Autism at all so really didn't have any interaction with them… Whereas another teacher will be totally different, one who went to the extreme of saying 'can I email you?' And she wanted to help so she would even email me ahead of time to say 'Here's what I'm doing next class'. (Meghan, PA)

> I've had varying experiences [with the classroom teacher] so it depends. Sometimes the teacher [will send] a whole full page e-mail asking what I can do, giving me the subjects the teacher's going to teach over the next month, and how can she modify it for our students… it was amazing. So and other times it's mainly the program assistant and myself that modify the program, so it varies. (Katrina, Teacher)

The dependence on the homeschool teacher to create an inclusive learning environment is further reinforced by Sara (Teacher): "the [homeschool] teacher has to make it all work." It is ultimately the homeroom teacher who dictates the inclusivity of their classroom. These beliefs about teacher attitudes directly relates to De Silva's (2013) conclusion that inclusion requires teachers and educational staff to display positive attitudes towards inclusion. The findings of this case study support De Silva's (2013) position and revealed generally accepting attitudes from homeschool teachers towards Giant Steps and its students as Sara (Teacher) stated, "95% of the time we don't have any problem." Further support of Giant Steps comes from homeroom teachers who "encourage families that aren't with [Giant Steps] to make applications to the school because they realize what service the program has to offer because they also come and visit their student at Giant Steps" (Jessica, ED). Since knowledge of and attitudes towards ASD can differ greatly between classroom teachers (De Silva, 2013; Lindsay et al., 2013), it is important that Giant Steps staff meet with the homeschool teachers to help them understand their roles and how they can help to create an inclusive learning environment. The Giant Steps teachers will first "speak to the [homeroom] teacher usually on the phone just to say 'this is who's coming' and we'll often have a meeting with the principal and classroom teacher beforehand, to discuss the child and what the needs are." (Katrina, Teacher) Likewise, homeschool peers need to be educated on what it means to have ASD and how to be accepting of

students with ASD. Vanessa (Therapist) explained the importance of pre-inclusion classroom visits for educating peers

> I think it's important that children are educated on what Autism is because sometimes if you don't know the kids you might just think 'oh this child is weird' and they don't want to talk with them, they don't want to play with them. But if they understand what it is, kids are more willing to involve them if they understand why someone acting a certain way.

Sara (Teacher) explained how the classrooms visits by Giant Steps staff further promote overall acceptance, and not just acceptance of students with ASD:

> If I'm asked to go in and present to a class, I make that very clear that my students coming in they may do this, they may do that but it's okay because you chew your pencil or you are a twirling your hair. My guys just do something a little bit different and it's okay. It doesn't make them gross; doesn't make them anything other than just a person.

The notion of embracing differences was reiterated by Sara (Teacher):

> The more important piece is that they know that they might be a little bit different, and that different is okay because no two people are the same. And that is literally what I say to them… 'You know what you just think a little differently and that's okay your brain just works a little differently' and then I'll use an example 'I wear glasses, but you don't wear glasses, and that's okay. We can still be friends, we can still play games, but we're different; and different is okay.'

It is important that both the homeschool teacher "who's open and willing to provide that [inclusive] classroom environment" (Sara, teacher) and the homeschool peers accept and

embrace students transferring from Giant Steps in order for classroom environments to be inclusive, and not just integrative.

Jessica (ED) discussed how students with ASD present unique learning needs that sometimes need to be addressed before they can be successful in an inclusive learning environment:

> Some children may have more of a challenge with their sensory system while others may present with more of a challenge with communication; and others may have more of a challenge in the academic field so [Giant Steps] has to look at it how can we all work together to support that child and give them what they need.

Even with an accepting and inclusive attitude, homeschool teachers may experience difficulty supporting students who attend Giant Steps because of their diverse learning needs. Giant Steps supports the homeroom teachers with its team of experienced professionals. There is a speech and language therapist who works "a lot in social communication so greeting, indicating completion, getting somebody's attention, all kinds of different functions for communication" (Rachel, Therapist) to assist students having (verbal or non-verbal) such communication challenges. These therapy goals coincide with the Established Intervention known as Social Skills Package which use a combination of reinforcement, prompting, and modeling techniques (National Autism Centre, 2015). There is also an occupational therapist to assist students with sensory challenges and daily living skills, "so feeding would be one. It could be you know, improving independence with dressing, manipulating buttons that sort of thing" (Vanessa, Therapist).

Additionally, there is a behavioural therapist to assist in developing "functional behaviour and appropriate behaviour, which also incorporates skill-building. For instance, someone who is

engaging in a lot of attention-seeking behaviours, we might have to teach the child how to request for attention" (Jenny, Therapist). Behaviour strategies such as this correspond with ABA-based interventions, and more broadly the intervention of Comprehensive Behaviour Treatment for Young Children, which "involve intensive early behavioral interventions that target a range of essential skills which define or are associated with ASD (e.g., communication, social, and pre-academic/academic skills, etc.)" (National Autism Centre, 2015, p. 47). Finally, there are teachers to provide academic support and overall support. With only 24 students attending Giant Steps, the therapists and teachers are able to provide more individualized support than typical homeschool teachers who may have classes consisting of up to 30 students. The limited student population at Giant Steps also allows the team to be able to take the time to develop a curriculum that fits the individual needs of each student who attends the school.

The individualized attention given to each student at Giant Steps addresses some of the concerns raised by parents of students with exceptionalities. While parents have questioned the ability of teachers to understand their children's disabilities and learning needs (Pivik et al., 2002) or follow the modifications and accommodations listed in their children's IEPs (Star et al., 2006), parent participants from this study explained how inclusion can be seen as daunting with the potential that their children will be bullied and/or without friends. These concerns are magnified because children with ASD have learning needs in social communication and interaction as well as behaviour (APA, 2013). Students with ASD might not even know that they are being bullied or might not be able to communicate that they are being bullied. Sheila (Parent) offered the following parental perspective on inclusion:

> On one hand for next year I'm glad 'he's gotten lots of skills now and it's a big step for him to start [inclusion full time] to build up his life with the skills that we've been

working on with him until now. But, on the other hand, I'm not feeling calm and comfortable because I don't know if when he's faced with a difficult situation, I don't know if the people who work in the public school will give the same attention to my son, to help him solve his problems, and understanding his needs.

These concerns are consistent with the findings by Starr et al. (2006) who reported that parents were concerned that teachers did not always know what was best for their children. While ASD is becoming more commonly known, the spectrum is so diverse that teachers' experiences with in individual child with ASD may not necessarily be transferable to another student with ASD:

I think people in general are more aware of Autism, but unfortunately or fortunately depending on how you look at it, every person with Autism is not exactly the same so a typical classroom teacher may have had a student with Autism last year but the student that's coming from Giant Steps may be totally different. (Jessica, ED)

Giant Steps, however, is viewed by parents as a safe place because most of the staff are ASD experts and have taken the time to know and understand the students who attend the school:

Giant Steps is like as a second home for us and when my child is here I never worry about anything – academics, social interactions, behaviour issues nothing because… I know the environment is very friendly and a good fit for him. (Sheila, Parent)

Giant Steps staff try to carry these positive experiences into students' inclusive learning environments by helping homeroom teachers to understand the needs of incoming students as well as helping to establish lasting relationships with their peers.

Establishing Peer Relationships

A large part of the ASD disorder is difficulty understanding social cues and struggling in social situations (Baker, 2006), with individuals with ASD often having difficulty developing relationships with peers (Laursen & Yazdgerdi, 2012). Giant Steps staff understand that building friendships and developing social communication skills are significant factors for success in inclusive settings, and as a result have developed a number of strategies to help their students develop these social skills. These strategies focus largely on social skills and establishing peer relationships, which is the focus of this subtheme.

When asked to define their understanding of inclusion, all participants discussed relationships or friendships as a key factor for judging whether or not a placement was a successful inclusion. Katrina (Teacher) explained how successful inclusion is important "for kids to want to develop friendships with the students from Giants Steps. We want it to be a positive experience for everybody, in order for them to develop more friendships, relationships outside of school" and "become more of a member of the community, because then it goes outside of the classroom too when he's at the shopping mall or at the park, and recognizing familiar faces too" (Donna, Parent). More broadly, Vanessa (Therapist) explained how inclusion provides Giant Steps students with "an opportunity to be around typically depending children in regards to their social skills… just initiating conversations, and learning what it means to be a friend and that sort of thing." The notion of socialization or having social skills was also mentioned by participants in discussing their perceptions of inclusion:

> The main goal of inclusion is to improve our students in social skills. Individuals with Autism find some types of social interaction challenging, so we need to prepare them at school so that they're able to interact with other students, and to get them ready for life-

long interaction so that they're able to be active participants in the community. (Jessica, ED)

Sara (Teacher) also expressed the importance of social skills in asserting that "social skills are huge. A child has to know how to greet people, how to be around their peers, how to cope and manage when they don't understand what's going on around them."

To introduce peer relations to the students, Giant Steps staff connect specific students and teach them "how to join play, how to leave play, how to ask someone to play, how to accept when people says, 'No I don't want to play with you'" (Sara, Teacher). Creating an accepting environment at the homeschool begins with creating such an environment at Giant Steps. As the school is a self-contained environment in which only students with ASD attend, there was discrepancy among participants as to whether Giant Steps itself is an inclusive learning environment. On one hand, "the school is not open to typical children, so it's not inclusive really" (Rachel, Therapist), while on the other hand, Giant Steps was considered inclusive because "non-verbal kids and verbal kids all mixed in, I've never distinguished between somebody who can talk and can't talk, who can understand and can't understand" (Sara, Teacher). This accepting environment then allows the Giant Steps teachers to promote friendships among students.

> I would say they're friends. They interact with some facilitated interactions… 'you, George, need to go be friends with Sarah over there because she needs some help with something' and then all of sudden they realize that they've got a lot of things alike, 'hey this isn't so bad we could actually do something together' and that's how that friendship evolves. (Sara, Teacher)

Giant Steps staff also uses a variety of reinforcement tools to encourage students to communicate with others. This practice is then put to use when student attend their inclusive homeschools and are able to communicate with their peers. While homeschool peers are able to understand most verbal Giant Steps students, training may be required to help peers understand how to listen and communicate with nonverbal Giant Steps students. Rachel (Therapist) offered a few examples of how homeschool peers are can effectively communicate with nonverbal students from Giant Steps:

> If the student is communicating in another way say, for example, through sign language, you have a class with the other peers to teach them a few signs and have posters around the school with signs and things like that so definitely you need to provide peers with knowledge to prompt that social interaction. If the child is, for example, using buttons to communicate because they're using an alternative communication device, then you might need to explain to the peers how to do it and you might even encourage the peers to take turns and communicate on the device because they can model language that way to the Giant Steps student.

In addition to promoting peer acceptance, Giant steps staff often facilitate social interactions, such as through a "peer buddy system" (Meghan, PA), to help Giant Steps students in learning how to develop friendships by playing peers. While play tends to be learned naturally among typically developing children, for children with ASD "[play is] very challenging it's almost like teaching them to read; teaching them to play is just as difficult" (Sara, Teacher). As a result, the Giant Steps program assistant and homeschool teacher will identify a group a students who appear to be accepting and interested in the students from Giant Steps. This group of peers will form the Giant Steps student's *CoF*, which according to the National Autism Center (2015),

represents a *peer training package* which is one of the 14 established interventions for students with ASD who often require such prompting and guidance.

CoF promotes social inclusion in an educational setting by engaging a peer group to support a student with ASD (Kalyva & Avramidis, 2005). The *CoF* is established to ensure that students with ASD have someone to play with during scheduled non-classrooms times of the school day (i.e., recess/nutrition breaks and lunch): "Can I play with you at recess? Can we sit at the same table at lunch time?" (Jessica, ED). These types of peer interactions typically are facilitated by the program assistants as Meghan (PA) explained, "I might want to get a group together to say 'hey will you guys go out with this student at recess?' so that he's hanging out with them instead of me, which is the whole idea right?" In general, Giant Steps staff make a conscious effort "to encourage the students in the class to interact with the peer. Sometimes we'll have small groups set up at recess that the classroom teacher helps to set up" (Katrina, Teacher).

CoF also allows peers to serve as role models for students with ASD and encourages them to copy the positive behaviours of their peers while also deterring inappropriate behaviours:

> Let's say we got a kid who's hitting but thinks it's funny. I've had to talk to the kids and go 'okay listen you guys, don't make any eye contact while they're doing inappropriate [behaviours]… [but] when he gets up and does something that he should be doing, then go ahead and give him all the feedback you want. (Meghan, PA)

At Giant Steps, *CoF* is similarly utilized by pairing lower and higher functioning students with ASD during work periods and play time so as the higher functioning students model positive behaviours for the lower functioning students. Ideally, the *CoF* will extend beyond the school setting where students from Giant Steps are able to develop relationships in their

community, as was the case for one particular student of Giant Steps whose parent recounted the following:

> At the mall it's happened where we'll be in food court and [my son]'s having a meltdown and out of the blue someone who looks like one of his peers comes and says 'hey!' and [my son] stops and looks at him and smiles and suddenly he's forgotten what he was so upset about. (Donna, Parent)

The therapists are also highly involved in helping students establish peer relationships. The speech and language therapist will work "on initiating conversation or asking a question from a peer, asking a question from a teacher, all of those kinds of things we have goals in place for students that need it" (Rachel, Therapist). The occupational and behaviour therapists also work to help the students fit in with their peers by providing them with daily living skills and self-regulating techniques, respectively, that will help promote peer acceptance and thereby establish peer relationships. It is important for Giant Steps students to be able to perform the same basic skills as their peers so that they do not stand out from the rest of the class, and therefore the ability to independently complete tasks such as toileting and eating helps students from Giant Steps to be accepted by their peers in their inclusion classroom:

> In order for kids to want to develop friendships with the students from Giant Steps we want it to be a positive experience for everybody, in order for them to develop more friendships [and] relationships outside of school. (Katrina, Teacher)

Learning of such peer relationships that extend beyond the homeschool setting is a joy for Giant Steps parents and staff alike as Sheila (Parent) explained "[my son] had one classmate that invited him to his birthday party, he went to his birthday party, and a few times they have had a play date together" (Sheila, Parent). As Jessica (ED) reaffirmed, "when we have kids that get

invited to a birthday party throughout the year it's a huge celebration for us because that doesn't always happen." Establishing lasting peer relationships can be a direct result of creating an inclusive learning environment within the homeschools, one that represents more than just integration but reflects a true "inclusion environment, [and is] a full experience for them." (Donna, Parent)

Summary of Findings

The findings of this research study suggest that Giant Steps employs several educational practices and interventions for students with ASD in order to support their transition from a self-contained to an inclusive learning environment. The first major theme represented program aspects of Giant Steps, which were further comprised of three sub-themes including the use of self-contained environment and in-house therapy in preparing students for inclusion (sub-theme 1), the development of individualized program goals (sub-theme 2), and staff expertise and open exchange of knowledge (sub-theme 3). The second major theme was the holistic approach of Giant Steps that was comprised of two sub-themes: the delivery of the Giant Steps program through a collaborative/team approach (sub-theme 1), and the multifarious roles of the participants (sub-theme 2). Finally, the third major theme was the progressive inclusion process (i.e., inclusion, not integration). Giant Steps' inclusion process was fostered through two sub-themes: actively and deliberately creating inclusive learning environments at students' homeschools (sub-theme 1), and facilitating peer relationships and friendships (sub-theme 2).

One of the most notable findings within this case study was that participants understood successful inclusion to include socialization, peer relationships, and being an active member of the classroom community in addition to academic success. While the relative success of inclusive education tends to be defined by academic success in the inclusion literature (Lindsay,

2007) the findings of this case study offer a more holistic perspective to successful inclusions. This perspective further was found to extend beyond the classroom into society at large. The final chapter contains a more detailed summary and discussion of these findings, as well as the implications, limitations, and future research possibilities associated with this case study of Giant Steps. The findings reported here contribute to the growing understanding of inclusion for students with exceptionalities, and specifically for students with ASD.

CHAPTER V: CONCLUSION

The purpose of this qualitative case study was to understand how a self-contained program can prepare students with ASD for education within inclusion learning settings. A qualitative case study approach (Merriam, 2009; Stake, 2008; Yin, 2014) was used to conduct this research study on Giant Steps where data was collected through in-depth interviews, analyzed and interpreted into findings. In this chapter, the existing literature on inclusive practices is connected to the findings discussed here. The limitations of the study (i.e., female participants only, no student perspectives, and no homeschool perspectives) will be addressed and implications for the theoretical framework (i.e., Bronfenbrenner's bioecolgoical systems theory) will be explained. Implications for how this study could inform current teaching practices will also be discussed as well as recommendations for future research.

The disorder of ASD is a relatively new diagnosis that combines four previous diagnoses (i.e., Autism, Asperger's, childhood disintegrative disorder, and pervasive developmental disorder-not otherwise specified) into a spectrum based on severity (APA, 2013). The variability and uniqueness demonstrated with the spectrum makes treating the symptoms of ASD extremely complex and difficult (Tyrell, 2006). As a result, it is important to conduct research that offers insight into programs that service the needs of students with ASD within the Ontario education system. Giant Steps is one such program servicing a student population exclusive to individuals with ASD who are educated within a self-contained school with the mandate of preparing them to be successful in an inclusive learning environment. Giant Steps was created in 1995 by a group of parents who felt that the public school system was not able to adequately meet the needs of their children with ASD (Giant Steps Inc., n.d.). Having recently celebrated its 20 year anniversary, Giant Steps continues to provide an alternative solution to helping children with

ASD transition into inclusive learning environments. Research has shown that while parents believed that it was their children's right to be educated in inclusive learning environments (Leyser & Kirk, 2011), they also were concerned that teachers were unable to appropriately meet the learning needs of their children (Pivik et al., 2002; Starr et al., 2006). There were no such concerns expressed among the parent participants of this research study as the staff expertise and individualized programming delivered by Giant Steps address the learning needs of each and every student.

Giant Steps provides a program that seemingly addresses a gap between inclusive education and specialized programming that meets the needs of individual students with ASD. Despite the widespread belief that inclusion is the best practice for all students regardless of learning needs (Trifonas, 2003), a number of researchers have suggested that inclusive classroom settings are not always the best option for educating certain students (Bennett & Wynne, 2006; Lupart & Webber, 2012; Roberts et al., 2008). When students with exceptionalities are integrated into inclusive classrooms with their peers, the amount of social interaction and participation between students with and without exceptionalities are contingent on the specific programming and how it is delivered within the classroom (DeLuca, 2013). Giant Steps staff support individualized programming and facilitate social interaction and peer engagement in order to create an inclusive learning setting that is optimal for education students of Giant Steps. The purpose of this study was to understand the ways in which the Giant Steps self-contained school environment prepares students with ASD for full-time inclusion. Through findings that were presented as three major themes (program aspects of Giant Steps, a holistic approach, and inclusion, not integration) with this case study provided theoretical insights into Giant Steps'

preparation process for inclusion with connections to Bronfenbrenner's (1994) bioecological systems theory.

Case Study Findings and Discussion

The program aspects of Giant Steps was the first major theme and demonstrated three unique characteristics of the Giant Steps' programming including, a self-contained environment, individualized program goals, and staff expertise and knowledge exchange. Giant Steps is a self-contained environment that, in addition to classroom learning, offers in-house therapy for the students in three areas: behaviour, speech and language, and occupational therapy. Giant Steps is a self-contained environment that, in addition to classroom learning, offers in-house therapy for the students in three areas: behaviour, speech and language, and occupational therapy. Individualized therapy goals from each area of learning need are integrated into the overall IEP goals that are developed to prepare Giant Steps students for successful inclusion into their homeschools, as well as for life beyond the education system. A unique aspect of the therapy microsystem at Giant Steps is the extent to which it is followed through into other microsystems, specifically into students' academic, homeschool, and home microsystems. Private therapy is not integrated with academics and other therapies to the same extent that it is through Giant Steps; and consultative therapy through the school board is infrequent and administered without the individualized knowledge held by Giant Steps therapists. The overall knowledge and expertise of staff at Giant Steps is another program aspect that distinguishes the school as unique. Staff are highly knowledgeable in the area of ASD and get to know all the students as children first and foremost and then in the context of their professional positions and students' needs. The understanding that "being diagnosed with ASD is just one part of who the student is" (Jessica, ED) is fundamental for fostering the holistic development of students at Giant Steps within its

self-contained environment, through individualized program goals, and based on staff expertise and knowledge exchange. These findings contribute to the current literature on teacher knowledge regarding students with exceptionalities (Pivik et al., 2002; Simpson & Mandich, 2012) and also address the findings by Lindsay et al. (2013) that students with ASD are being integrated into inclusive classrooms with teachers who lack the knowledge and understanding of how to foster an inclusive classroom that supports the needs of children with ASD.

The unique program aspects of Giant Steps contribute to a holistic approach in developing and preparing the students for inclusive learning settings. Based on Bronfenbrenner's (1994) bioecological systems theory, Giant Steps' inclusion process can be viewed as the mesosystem that supports the preparation of students with ASD for inclusion classrooms through developing the whole child. The approach that Giant Steps uses is holistic within the self-contained environment (i.e., through the blend of academics and therapies) as well as holistic across settings or microsystems (i.e., from Giant Steps to their homeschools, and from their home settings to the community). Giant Steps attempts to develop the whole child through a collaborative/team approach, a subtheme that was found to intersect with those of Giants Steps' unique program aspects. While in-house therapy (as a microsystem) was a unique program aspect discussed within the self-contained environment of Giant Steps, the way in which therapies are administered collaboratively with academics (the academic-therapy mesosystem) was more appropriately discussed within the collaborative approach used by Giant Steps. The differentiation between these two discussions, while nuanced, is important to distinguish with respect to Bronfenbrenner's microsystems and mesosystems. The collaborative/team approach emphasizes the relations between the various microsystems connected to Giant Steps while staff delivered a program that reflected an inclusion mesosystem.

The successful delivery of the Giant Steps program relies on key roles within each respective setting (e.g., teachers and therapists within Giant Steps, homeschool principals and teachers within inclusion schools, parents at home, and the public within the community). Furthermore, participants recognized that their roles extended across settings and were not confined to a single microsystem, effectively addressing the second research question about how educators, therapists, program assistants and parents situated themselves in preparing students with ASD for inclusion. For example, while program assistants primarily support students at Giant Steps, they will accompany students to their inclusion placements as well. The roles enacted by Giant Steps staff within the inclusion mesosystem support the importance of consistency between microsystems as contended by Bronfenbrenner (1994). Consistency in terms of fixed expectations between the microsystems is needed to prepare Giant Steps students with the necessary skills and tools required for success in inclusive classrooms. In addition to role consistency (i.e., the presence and support of program assistants, teachers, and therapists) between ecological microsystems, Giant Steps staff also recognized and embraced the bioecological mesosystem that takes the ASD diagnosis of all Giant Steps students into consideration. Overall, the roles for Giant Steps teachers, therapists, parents, and executive director were found to differ in comparison to equivalent roles within a typical school.

The final major theme associated with this study addressed the beliefs and perceptions of educators, therapists, program assistants, and parents about the nature of inclusion. While there was not a unanimous view of inclusion among the participants, their general perspective did tend to support inclusion understood as engaging students in meaningful, active, and productive ways that extend beyond mere access to the classroom (Bennett, 2009).

> At Giant Steps we feel that anyone can sit in a classroom and not be included. The difference is [we are] making sure that child is part of the classroom, they're included, they're interacting with their peers, they're raising their hand, they're addressing the teacher. So they are part of that community they're not just sitting on the outskirts occupying a desk, they're there to participate. (Jessica, ED)

Giant Steps staff continually strives to make this type of full inclusion a reality, specifically through its unique program aspects that are delivered through a holistic approach. The findings regarding the holistic approach of Giant Steps also contribute to the existing research on inclusion by emphasizing the support system that promotes socialization and peer relationships, particularly considering the numerous studies that have noted the struggles among students with ASD in developing friendships with typically development students (Guralnick, 1999; Laursen & Yazdgerdi, 2012; Saddler, 2014; Scheuermann & Webber, 2002). The staff at Giant Steps attempt to foster positive social interactions that, in turn, promote the development of social skills so that students can participate in their inclusion classes. According to Bronfenbrenner (1986), positive communication is important for positive growth and development of the child within the mesosystem. Positive communication and interactions was evidenced in this case study through participants discussing how they support the students at Giant Steps by actively engaging the students themselves (i.e., within the Giant Steps microsystem, their homeschool peers (i.e., within the inclusion microsystem), and individuals in the community (i.e., within the community microsystem). Unlike typically developing students, those with ASD need guidance to develop friendships (Laursen & Yazdgerdi, 2012), which Giant Steps staff accomplish through facilitated interactions and promoting peer acceptance. By providing homeschool peers with information (i.e., *Circle of Friends* and classroom visits), it is

hoped that they will understand and accept their peers with ASD. In recognizing why and how students with ASD have different learning needs, Giant Steps prepared its students for and transition them into inclusion. The implications and limitations associated with this study are discussed next, followed by recommendations for future research.

Implications for Theoretical Framework

Given that the bioecological model of human development has been adopted as a foundational theory of human development (Darling, 2007; Santrock et al., 2004) within educational contexts and has also been used to theoretically frame other research studies on inclusion (Anderson et al., 2014; Odom et al., 2004; Odom & Diamond, 1998; Schmidt &Venet, 2011), it was an appropriate theoretical framework for this case study of Giant Steps. As a qualitative approach that explored the unique self-contained school environment of Giant Steps, this research study also contributes to the ecology of inclusive education that "provides a framework with which to explore the messiness, in all its forms, through the lens of inclusive education, increasing current knowledge and understanding of how inclusive education is constructed in different environments and the consequences of this for all learners" (Anderson et al., 2014, p. 31). The reconceptualized bioecological model by Bronfenbrenner and Morris (2007) further captures the special nature of Giant Steps students who all have an ASD diagnosis. The expanded consideration for bioecological foundations – which in this case study are characterized by an ASD diagnosis – is essential for distinguishing the findings of this study from any comparable research examining typically developing students.

The various bioecological systems functioned to theoretically frame the findings regarding how Giant Steps transitions its students from a self-contained to an inclusive learning environment. As discussed throughout the findings, there are various microsystems within the

Giant Steps context (e.g., therapy, academic, home). The therapy and academic microsystems are two key microsystems that operate both independently (during the Week 1 therapy schedule) and conjunctively as an academic-therapy mesosystem (during the Week 2 therapy schedule). The uniqueness of Giant Steps' academic-therapy mesosystem has implications for the education system that will be discussed shortly. The self-contained environment of Giant Steps as a whole can also be understood as a microsystem, while students' homeschools can be understood as another microsystem. Given that mesosystems represent communication between two or more microsystems (Neal & Neal, 2013), Giant Steps' inclusion process can be viewed as a mesosystem based on the ongoing communication between the Giant Steps and homeschool microsystems.

There are also connecting microsystems within the Giant Steps context that do not directly involve the students, and these represent exosystems based on Bronfenbrenner's (1994) bioecological model. Before Giant Steps students, homeschool classrooms represent exosystems, which can be understood as settings that do not include the developing child (Bronfenbrenner, 1977). The classroom atmosphere as established by the inclusion teacher's attitudes and general disposition towards students with ASD and other exceptionalities (De Silva, 2013; Lindsay et al., 2013) shapes the classroom exosystem. The inclusivity and acceptance within each classroom exosystem will determine whether the inclusion mesosystem is a positive or negative experience for students from Giant Steps. Rather than leave these experiences to chance however, Giant Steps staff actively foster inclusive learning environments and positive experiences for their students by intervening into the exosystem through classroom visits aimed at educating the inclusion teacher and students about ASD and the Giant Steps student.

Even without the support of Giant Steps, classroom exosystems are increasingly more accepting of Giant Steps students given the finding that current teachers are generally more aware of inclusive practices and willing to engage students with ASD into their classroom environment. This finding coincides with the chronosystem which is explained by Bronfenbrenner (1994) as how changes in an environment that occur over time can influence the direction of development. The progression towards and promotion of inclusion over time has enabled the positive development of students at Giant Steps during their inclusive placements. This chronosystem can be expanded into the community environment where more people tend to be more aware of ASD nowadays. This awareness promotes the positive development of Giant Steps students within their community and within a society that was once very intolerant of individuals with ASD and other exceptionalities. Although society has progressed towards a more tolerant and accepting mindset of individuals with ASD, there is still much progress to be made even for inclusive practices within the education system.

The macrosystem is relevant in this regard as it contextualizes the societal, political, and ideological patterns of other ecological systems (Brofenbrenner, 1979; Rosa & Tudge, 2013). While societal progressions have resulted in special education policies and reforms, the extent to which they are enacted by educators and those who work with students with exceptionalities is difficult to measure. Within this case study, teacher attitudes, program assistant perceptions, therapist knowledge, parent involvement, and the overall direction for Giant Steps established by the executive director each factored into the development of Giant Steps students and collectively reflect the ideological and political patterns within the Giant Steps context. This Giant Steps macrosystem, along with the inner exosystem, mesosystems, and microsystems,

have educational implications for understanding the way in which the Ontario education system is progressing and can further progress based on this case study of Giant Steps.

Implications for Educational Practices

This case study of Giant Steps has implications for how students with ASD, regardless of the severity, can be educated within an inclusive classroom environment. With its systematic plans for transitioning students back into their homeschool, adapting the Giant Steps model and inclusion process into current public schools throughout Ontario could help students move successfully from self-contained, special education classroom to an inclusive classroom. The Giant Steps program is able to provide the connection between self-contained settings and inclusion classrooms through accessing support from therapists and teachers who are specialized in ASD and understand the learning challenges that face this specific population of students.

The adaptation of Giant Steps' inclusive practices into current public schools would certainly benefit students with ASD and other exceptionalities, albeit it would incur added expenses to public. Parents of Giant Steps are required to pay yearly tuition costs as well as participate in fundraising throughout each school year to cover the costs of having in-house therapists. In order to implement the Giant Steps inclusion process and partnership with other school boards, there would need to be groups of dedicated, capable, and affluent parents who are willing to take on the additional functions undertaken by the current parents of Giant Steps who leverage their networks, apply for grants, and commit significant amounts of time to ensure that the fundraising goals are met each year. These additional costs and commitments limit the prospective implementation of the Giant Steps inclusion model into public schools, at least in a full capacity. Nevertheless, specific aspects of the Giant Steps program and inclusion process, such as the staff expertise and knowledge exchange as well as their team approach that

acknowledges the various stakeholders involved in the student's education, could be feasibly implemented into public education and thereby benefit students with ASD.

Giant Steps' ultimate goal of inclusion supports the findings of various researchers (Kent-Walsh & Light,2003; Leyser & Kirk, 2011; Waddington & Reed, 2006) who found that parents ultimately desire their children to be educated within inclusive classrooms. Parent participants in this case study similarly expressed their desire for their children to be part of an inclusive learning environment, albeit with the understanding that they have specific learning needs that must be addressed in order for them to be successful in inclusive classrooms. Giant Steps is able to support these specific learning needs while also facilitating the transition of its students into inclusive placements based on the findings that Giant Steps hold this unique position as both a school and therapy centre: "having that place in the school board that's so unique in Ontario, where you have a school that provides the academic component through the school board and has those ties and yet also provides the therapy, that's totally different" (Rachel, Therapist).

This case study of Giant Steps also contributes to the current research surrounding inclusion and supports the argument that integration within an inclusive learning environment may not always be the best option for students with exceptionalities, and specifically for students with ASD (Berg & Schneider, 2012). Within Ontario, the current mandate for educating individuals with exceptionalities is a placement that best meets the learning needs of the student; however, inclusive placements are not always the best way meet those needs (DeLuca, 2013). Rather, the findings from this case study suggest that a self-contained environment with a systematic plan for transition into an inclusive placement may be ideal for certain students with ASD. While children with exceptionalities have learning needs that cannot always be met within an inclusive classroom (DeLuca, 2013), children diagnosed with ASD especially have a range of

needs that vary from student to student, and this case study presents an alternative educational option that meet this spectrum of needs effectively.

Currently, the Ontario Policy/Program Memorandum 140 (PPM-140) requires that methods of Applied Behaviour Analysis (ABA) be integrated into programs for students with ASD (Ministry of Education, 2015). This is based on research that substantiates ABA as an effective instructional approach to educating students with ASD as it helps build students' appropriate behaviours and reduce negative behaviours (Donalson & Stahmer, 2014; Peters-Scheffer, Didden, Korzillius, Sturmey, 2011). Furthermore, McCurdy and Cole (2014) found that students with ASD who demonstrated disruptive behaviours were often removed from inclusion classrooms and placed in self-contained classes, a finding that was reaffirmed by a parent participant in this case study: "I felt like he was being removed from class a lot; and they really didn't know how to get him more into the classroom" (Donna, Parent). Therefore, while ABA is used to promote appropriate behaviours among students with ASD, ABA interventions are not always used within inclusion classrooms as not all teachers are certified in ABA techniques.

Behaviour issues, however, represent only one of the three areas of learning needs that apply to students with ASD, who also have learning needs in the areas of socialization and communication (DSM-5, 2013). Therefore, ABA may not be enough to support students with ASD within an inclusion classroom. The findings of this case study indicate that Giant Steps staff recognize all three areas of learning needs that are collectively addressed through in-house therapies delivered by speech and language, occupational, and behavioural therapists. Together with academic programming, Giant Steps is able to deliver a holistic program in order to meet the diverse learning needs of students with ASD through ongoing supports systems while at the school as well as within inclusion classrooms. The findings of a support system for Giant Steps

students and staff alike – as created by the collaborative approach between all Giant Steps staff, parents, and homeschool staff – coincides with the work of Simpson and Mandich (2012) who found that teachers needed to work with other educational support staff to ensure that students' learning needs. While the extent of support and communication between Giant Steps therapists, homeschool teachers, and parents may not be possible within a typical school setting (given the consultative nature of therapy), this case study shows that it is important that teachers communicate with parents about outside therapies and ideally with the therapist with respect to how such programming can be integrated into the classroom.

The executive director and teachers at Giant Steps have been each working at the school for over fifteen years and continue to attend conferences and workshops to stay up-to-date with the current practices and new research in ASD. This collective expertise was found to put Giant Steps parents at ease and thereby addresses Simpson and Mandich's (2012) findings that parents were concerned that teachers did not fully understand their children's diagnoses. The limited knowledge and understanding among teachers about how to support the specific needs of children with ASD (Thomson and Scott, 2013) can be addressed in an applied setting if educators within the local school board were to take advantage of the Giant Steps teachers (and executive director) who are ASD experts. Giant Steps staff could act as mentors to inclusion teachers which Whitaker (2000) suggested was possible even if the special education teacher worked in a different school. This is exactly the case for Giant Steps teachers who, to a certain extent, are currently mentors to the homeschool teachers of Giant Steps students in lending their expertise whenever possible. Giant Steps could also offer workshops to other schools within the school board to assist in training fellow educators about effective practices for students with ASD. By being active in their professional development and making a conscious effort to attend

conferences and workshops, Giant Steps teachers and the executive director are models of ideal educators for students with ADS. In addition to the implications for practice presented here, this case study has ideological implications that worth noting as well.

This research on Giant Steps contributes to dispelling any misconceptions that self-contained learning environments are essentially institutionalized environments of the past. Self-contained learning environments have often been viewed (erroneously) as "day institutions" for students with exceptionalities (Bekirogullari, Soyturk, & Gulsen, 2011) that effectively digress from the inclusive learning endorsed with the passing of Bill 82 in 1980. However, the findings of this study demonstrate that self-contained environments can, in fact, be embraced as a method for providing students with the skills necessary to be successful within inclusive learning environments. The self-contained environment of Giant Steps is a progressive program that utilizes an innovative and holistic process for preparing students with ASD for inclusion. Self-contained environments that are created and conducted consistent with Giant Steps can represent a stepping stones that lays the foundation for successful inclusion within the classroom and society. Despite the numerous implications, the limitations of this case study must also be recognized and will now be discussed.

Limitations of Study

Enrolment in Giant Steps is capped at 24 students at any given time, which limits the staff size (two teachers and three therapists) and thus availability of participants. Despite the relatively small recruitment pool, a total of 10 participants (each interviewed twice) were recruited for this case study, which included the following: two teachers, three therapists, two program assistants, the executive director, and two parents. All participants were female as the vast majority of Giant Steps staff are female. The dominance of female participants is reflective

of the dominance of female employees within the fields of social work and elementary education (Williams, 1992). Furthermore, the parent participants were represented by mothers of the students from Giant Steps only (no fathers participated in this study), which is reflective of the general findings that mothers tend to be more involved in their children's school careers (Grolnick, Ryan, & Deci, 1991). Within this parental context, another limitation was the collection of secondary interview data in that parent participants were asked to speak on behalf of their children for certain questions (e.g., describing their children's experiences in Giant Steps).

Students of Giant Steps were not recruited as participants, in part, as additional ethics clearance for working with vulnerable populations would have been required. Some of the students who attend or attended Giant Steps are non-verbal and use alternative methods of communication (e.g., sign language, Picture Exchange Communication System, or voice speaking apps) that might also have limited their ability to communicate in an interview setting. Furthermore there is substantial variance in the cognitive level for children with ASD (i.e., some students have significantly higher cognitive abilities than others given the spectrum of ASD) creating some difficulties in terms of gaining a wide-range of student perspectives. The age variance of Giant Steps students (who range from five to 16 years) would have similarly skewed the recruitment of student participants since students in primary grades are still developing their thought processes (Bjorklund & Hernandez Blasi, 2012) and are likely unable to understand or communicate abstract ideas such as inclusion. Incorporating student voices may have helped develop a critical foundation for understanding the inclusion experiences of students with ASD from a firsthand perspective. Similarly, the firsthand perspectives of students and researchers with ASD were not included in this case study or the associated literature review and thus limits

the extent to which the findings on inclusive practices can be considered to be reflective of the experiences of students with ASD. Future research would benefit from utilizing critical disability framework to inform the review of literature as well as the collection of data.

Future research that examines inclusive practices for students with ASD should look to include student perspectives to gain that firsthand perspective from the students who are in inclusive placements. Such future research could look to Vaughn and Klingner (1998) who conducted a literature synthesis of eight studies that examined students' perceptions of inclusion. While these studies involved students with various exceptionalities, the general sentiment was a preference towards self-contained environments (Vaughn & Klingner, 1998). Given that the Giant Steps program is designed to prepare its students for inclusive classrooms, a study on students' perceptions of inclusion from Giant Steps would yield interesting findings. Another perspective that was not included in this case study was that of the homeschool staff, particularly the teachers and/or principals who are involved in the inclusion process of Giant Steps students. Including the voice of homeschool staff would have provided a third party perspective of the Giant Steps program and how it prepares students for inclusion. Participants in this study recognized homeschool staff as important members of the Giant Steps team and future research would benefit from interviewing homeschool teachers as well as homeschool peers to gain their insights and perspectives on Giant Steps' inclusion process.

Another important consideration and potential limitation involved the high staff turnover prior to the beginning of this case study. Certain participants were not able speak to specific aspects of the inclusion process at Giant Steps given their relatively recent hiring. However, all participants were interviewed twice, once in the fall term and once in the winter term, to allow them time to further their knowledge of the school practices and become more accustomed to the

nature of their positions. Future research that is afforded with a wider scope and longer timeframe should include the perspectives of the additional stakeholders identified here.

Future Research

As an exploratory case study of Giant Steps that provided valuable insights on how the school is able to transition its students from self-contained to inclusive learning environments, additional research should be conducted to examine the limiting aspects of this case study, as discussed above. Future research that includes, or even focuses on, student participants could offer additional findings about the Giant Steps program and concepts of inclusion. Laursen and Yazdgerdi (2012) interviewed students with ASD to examine their peer relationships with typically developing students. A comparable study involving students from Giant Steps could contribute to current research regarding students' experiences in inclusive learning settings. Further expanding on this research would a longitudinal study that tracks down graduated students of Giant Steps and presents findings regarding 'where are they now?' and examines how they have progressed in inclusion, both within school and society. Additionally, a mixed-method study could be conducted to examine and determine the empirical success rate of Giant Steps students, perhaps through quantitative measures that include students' grades. It is important to bear in mind; however, that student grades and academic success rates are not the only determinant of a successful inclusion. Successful inclusion may be defined by "active participation in the classroom, developing friendships, socialization, or as one parent participant expressed, "finding [your] own way for being [your] own individual person, and being accepted" (Donna, Parent).

Research that explored other schools and/or programs that prepare students in self-contained environments for inclusion also would prove valuable in further contributing to the

body of research on inclusive practices. Also, there are two other Giant Steps schools in Canada (Branswell, 1998), and it would be ideal to conduct a case studies across all three schools to explore how the inclusion process compares across educational jurisdictions. Given the unique partnership between Giant Steps and the local public school board, it would be interesting to learn whether the other Giant Steps schools share a similar relationship with their local school board. Also, the holistic and team approach of Giant Steps was very much a function of the staff and, in particular, the executive director who created the school culture. This would serve as another point of comparison or contrast between the other Giant Steps schools.

Recognizing that this case study of Giant Steps focused on the inclusion process of students exclusively with ASD, research that examined and compared the inclusion process of students with other exceptionalities would be beneficial as well. It would be interesting to learn whether the current practices of Giant Steps (e.g., direct hands-on therapy, leveraging the support of program assistants, communication between and integration of academics and therapies) could be applied to other students with exceptionalities, or whether the inclusion process is specific to students with ASD. However, these suggested research topics are not intended to diminish the findings of this case study in any way. The growing prevalence of ASD makes this study both timely and opportune. In Ontario, over 1,400 children between the ages of 2 to 14 were diagnosed with ASD (NEDSAC, 2012), affecting 1 in 94 children in Canada and 1 in 68 children in the United States (Autism Speaks, 2015). By comparison, ASD affects more children than the combined diagnoses of diabetes, AIDS, cancer, cerebral palsy, cystic fibrosis, muscular dystrophy, and Down syndrome (Autism Speaks, 2015). The work that Giant Steps has done and continues to do in supporting students with ASD should be valued and the research completed here will hopefully contribute to both the literature on inclusive practices for students with ASD

as well as promote Giant Steps as a progressive, holistic, and invaluable program that supports students with ASD.

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Appendices

Appendix A

Definition of Terms

ABA: Applied Behaviour Analysis is a scientific and instructional approach to studying and reforming behaviour that is often applied to students with ASD (Donalson & Stahmer, 2014).

ASD: Autism Spectrum Disorder is a neurodevelopment disorder characterized by deficits in social communication and interaction as well as restricted repetitive behaviours (APA, 2013).

DSM: Diagnostic and Statistical Manual of Mental Disorders is recognized and used worldwide by health care professionals as a guide to diagnose mental health disorders.

Evidence-based practices: Rich and descriptive research findings that inform expert (or scholarly) decision-making and recognize stakeholder (or participant) views and values (National Autism Center, 2015).

Homeschools: Local inclusive schools attended by students with ASD prior to attending Giant Steps.

IEP: Individual Education Plans are curricula created for students with exceptionalities to meet individualized learning objectives and goals through the use of accommodations and modifications (Ministry of Education, 2007).

***Inclusion:** Broad range of educational practices for students with exceptionalities to accommodate their learning and meaningful engagement within regular schools and classrooms (Loreman, 2014).

***Integration:** Placement of students with exceptionalities into regular schools and classrooms with the expectation that they meet the demands of typically developing students (Loreman, 2014).

Program Assistants: Employees of Giant Steps who provide individualized support to Giant Steps students and are comparable to Educational Assistants in public schools.

RRB: Restricted Repetitive Behaviour is a defining characteristic of students with ASD as outlined in the DSM-5 (APA, 2013)

Self-contained: A segregated (or withdrawal) environment or setting for students with exceptionalities.

SERT: Special Education Resource Teachers are educators who are certified by the Ontario College of Teachers to teach special education and develop IEPs.

**Defined in the context of special education*

Appendix B

Copyright Permission

The following email request was sent to each of the copyright holders of the figures depicted in this thesis:

Hello Drew Lichtenberger,

I am currently completing my Master of Education on inclusive practices for students with ASD and I am using a Bronfenbrenner's bioecological model of human development. To demonstrate this theory I was hoping to use your figure posted on your website as seen below. With your permission, can I use your figure and cite that you were the one to create this figure. Please let me know if you will grant me your permission.

All the best,
Katlynne

Their respective responses granting permission to use their figures can be seen below:

Figure 1. Bronfenbrenner's Biological Model of Human Development (Source: Lichtenberger, 2012)

Please feel free. Thank you for asking.

Best,
-Drew Lichtenberger

Figure 2. Changes to the DSM Diagnostic Criteria for ASD (Source: Harrington, 2013)

Yes I will grant you permission Good luck on your Masters!

John Harrington

Figure 3. Historical timeline of special education in Canada (Loreman, 2014)

Hi,

I'm happy for you to use it.

Best
Tim Loreman

Appendix C

Letter of Invitation

Hello [Prospective Participant],

My name is Katlynne Smith and I am a graduate student in the Faculty of Education at Brock University. As part of my MEd thesis entitled, *Inclusive practices for children with Autism Spectrum Disorder through a case study of Giant Steps*, I am researching the role Giant Steps plays in preparing children with ASD for inclusion as well as exploring stakeholders' perceptions about the nature of inclusion.

The purpose of this email is to inquire whether you would be interested in participating in an interview regarding the development and implementation of inclusive practices at Giant Steps. The purpose of the study is to understand specialized programs for children with Autism Spectrum Disorder including the views of educators, therapists, program assistants, parents and administrators regarding specialized self-contained programs and inclusive practices.

Interviews will take approximately 60 minutes of your time with the possibility of a second follow-up interview of approximately the same duration. Participation will be voluntary and you may decline to answer any questions. With your permission, the interview will be audio recorded and transcribed by a professional transcriber who has signed a third-party confidentially form. You may discontinue your involvement at any stage in the process. There will be no negative consequences for choosing not to participate or withdrawing your participation at any stage. The researcher will put measures in place to protect your confidentiality. Pseudonyms will be used for all participants, protection of confidentiality could be limited should the participant choose to be interviewed on site, due to the small participant group, and chance that participation is evident on site. You will have the opportunity to read the interview transcript for any edits, elaborations or clarifications.

Attached is an informed consent form. If you agree to participate in this research study, you will need to read, sign and return the form to Katlynne Smith. A list of potential interview questions has also been attached for you to consider when deciding to participate in this study.

Should you have any further questions concerning the interview or the study in general, please feel free to contact Katlynne Smith at ks08yk@brocku.ca or Vera Woloshyn at vwoloshyn@brocku.ca. Additionally, concerns about your involvement in the study may also be directed to Research Ethics Officer in the Office of Research Services at 905-688-5550 extension 3035. This study has been reviewed by and received ethics clearance through the Brock University Research Ethics Board (REB file # 14-071).

Thank you,

Katlynne Smith
Brock University

Appendix D

Certificate of Ethics Clearance for Human Participant Research

Brock University
Research Ethics Office
Tel: 905-688-5550 ext. 3035
Email: reb@brocku.ca

Social Science Research Ethics Board

Certificate of Ethics Clearance for Human Participant Research

DATE:	10/21/2014		
PRINCIPAL INVESTIGATOR:	WOLOSHYN, Vera - Graduate and Undergraduate		
FILE:	14-071 - WOLOSHYN		
TYPE:	Masters Thesis/Project	STUDENT:	Katlynne Smith
		SUPERVISOR:	Vera Woloshyn

TITLE: Preparing Students with ASD for Inclusive Classrooms: A Case Study of Giant Steps

ETHICS CLEARANCE GRANTED

Type of Clearance: NEW Expiry Date: 10/30/2015

The Brock University Social Science Research Ethics Board has reviewed the above named research proposal and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement. Clearance granted from 10/21/2014 to 10/30/2015.

The Tri-Council Policy Statement requires that ongoing research be monitored by, at a minimum, an annual report. Should your project extend beyond the expiry date, you are required to submit a Renewal form before 10/30/2015. Continued clearance is contingent on timely submission of reports.

To comply with the Tri-Council Policy Statement, you must also submit a final report upon completion of your project. All report forms can be found on the Research Ethics web page at http://www.brocku.ca/research/policies-and-forms/research-forms.

In addition, throughout your research, you must report promptly to the REB:

a) Changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) All adverse and/or unanticipated experiences or events that may have real or potential unfavourable implications for participants;
c) New information that may adversely affect the safety of the participants or the conduct of the study;
d) Any changes in your source of funding or new funding to a previously unfunded project.

We wish you success with your research.

Approved:

Jan Frijters, Chair
Social Science Research Ethics Board

Note: Brock University is accountable for the research carried out in its own jurisdiction or under its auspices and may refuse certain research even though the REB has found it ethically acceptable.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and clearance of those facilities or institutions are obtained and filed with the REB prior to the initiation of research at that site.

Appendix E

Information and Informed Consent Form

Date: [TBD]

Project Title: *Preparing Students with ASD for Inclusive Classrooms: A Case Study Exploration of Giant Steps*

MEd Candidate: Katlynne Smith
Department of Graduate & Undergraduate Studies
Faculty of Education
Brock University
ks08yk@brocku.ca

Faculty Supervisor: Dr. Vera Woloshyn
Department of Graduate & Undergraduate Studies
Faculty of Education
Brock University
(905) 688-5550 Ext.4212
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INVITATION

You are invited to participate in a qualitative research study exploring the role Giant Steps plays in preparing students with ASD for inclusion. The purpose of this study is to understand how specialized programs prepare individuals with ASD for inclusion through a case study exploration of Giant Steps and the programs and strategies developed by the school to enable children with ASD to be successful in their home schools. As part of the study, I am also interested in your beliefs and perceptions about how Giant Steps prepares students with ASD for inclusion.

WHAT'S INVOLVED

As a participant, you will be interviewed (in-person, via telephone, or video call) about your experiences with and knowledge of Giant Steps. You will be asked to answer a series of open-ended questions relating to five topical areas: 1) the general development of Giant Steps, 2) the nature and extent of programs and strategies for integration from Giant Steps into the child's regular school, 3) the roles different members of the school perform in preparing students for inclusion 4) your understanding of inclusion, and 5) how a successful reintegration of a child is measured.

As part of the interview, you will be asked to reflect on your past and/or present involvement in Giant Steps and any knowledge of its inclusive practices. You may also be asked to share lesson and therapy plans developed for the students. With your permission, the interview will be audio recorded to ensure the accuracy of our conversation and subsequently transcribed by a professional transcriber for the purpose of data analysis. Participation will take approximately 60 minutes of your time. Interviews will take place in a meeting room at Giant Steps or another convenient location.

POTENTIAL BENEFITS AND RISKS

Possible benefits of participation include a healthy reflection on your past experiences and the ability to voice your opinions and views in a non-threatening environment. There are no known or anticipated risks associated with participation in this study.

CONFIDENTIALITY

All information you provide will be kept confidential. Your name will not appear in any report resulting from this study. However the name the institution (i.e., Giant Steps) will appear in any reports resulting from this study. In addition due to the small participant size it may become evident that a participant has chosen to participate in the study should he/she chose to be interviewed on site (i.e., Giant Steps).With your permission anonymous quotations may also be used. Approximately 1-2 weeks after the completion of the interview, you will be provided with your interview transcript in order to add, clarify, or strike any statements.

Data collected during this study will be stored on a secured laptop computer for the duration of the thesis study. Only my faculty advisor and I will have access to this data. Within 6 months following the completion of the study, all data will be deleted.

VOLUNTARY PARTICIPATION

Participation in this study is voluntary. If you wish, you may decline to discuss any topic and ask questions of the researcher at any point during the research process. Further, you may decide to withdraw from this study at any time and for any reason and without any risk. There is no compensation for participating in this study.

PUBLICATION OF RESULTS

Results of this study will contribute to a thesis project that will be submitted for completion of a Master of Education (Med). The data and findings of this study also may be analyzed and presented as part of future academic publications, presentations and/or professional reports.

CONTACT INFORMATION AND ETHICS CLEARANCE

If you have any questions about this study or require further information, please contact Katlynne Smith or Dr. Vera Woloshyn using the contact information provided above. This study has been reviewed and approved by the Brock Research Ethics Board (File # 14-071).

Thank you for your involvement and contribution in this study. Please keep a copy of this form for your records.

CONSENT FORM

I agree to participate in the study described above. I have made this decision based on the information I have read in the Information-Consent Form. I have had the opportunity to receive any additional details I wanted about the study and understand that I may ask questions in the future. I understand that I may withdraw this consent at any time and without any penalty.

Name: _____

Signature: _____ Date: _____

Appendix F

Interview Guides

Interview Guide – Parents

Topical area 1: Background

1. Please tell me how you first heard of Giant Steps and why you decided to enroll your child here?
    a. *Prompt:* How did you first get involved with Giant Steps?
        i. *Prompt*: When did you decide to enroll your child into Giant Steps?
2. How would you describe your role as a parent at Giant Steps?
    a. *Probe*: fundraising?
    b. *Probe*: Extent of involvement?

Topical area 2: Giant Steps (academics, therapies, support)

3. Tell me about your experience here at Giant Steps?
    a. *Prompt:* Do you feel you're connected to a sense of community?
        i. How important is it for parents of children with ASD to be connected to other parents with children with ASD?
        ii. *Probe*: support system
4. What has been your child's experience at Giant Steps?
    a. *Prompt*: Is he connected to the other children?
    b. *Prompt:* Does your child experience a sense of community at Giant Steps?
5. How does this sense of community compare to when your child is integrated back to his inclusive classroom?
    a. *Prompt:* Is he connected with his peers?
        i. *Probe:* Friends, feels welcome
6. What do you think your child would say about his experience here at Giant Steps?
7. What things can you observe about your child now that are different from when he first started at Giant Steps?
    a. Do you believe these changes are directly related to what he has learned here?
    b. What type of overall impact do you think Giant Steps has had on your child's education?
8. What do you think about the design of Giant Steps in terms of therapies and academics?
    a. Is there anything you would change or add to the program?

Topical area 3: Inclusion

9. How is Giant Steps preparing your child for being integrated into his home classroom?
    a. *Probe:* Skills and tools being taught
    b. *Probe*: <u>INCLUSION</u>... if they mention "inclusion." You mentioned the word "inclusion, what exactly does that work mean to you? Significance? Importance
10. How important is it for your child to be educated at his home classroom? Why?
11. How do you think your child feels about being integrated into an inclusive classroom?
    a. What do you think are important factors that need to be met in order for your child to feel comfortable in an inclusive classroom?
12. What does Giant Steps' support look like in your child's home classroom?
    a. *Probe:* Program assistant support, peer workshops, teacher education
    b. *Prompt:* How valuable is this support?

Topical area 4: Education System

13. Prior to attending Giant Steps what was your experience with the education system
    a. *Prompt:* In terms of having your child's education needs met?
    b. *Probe:* Was the school system helpful in meeting the needs of your child?
14. If you had not decided to enroll your child at Giant Steps how different would your child's experience have been?

a. *Prompt:* would your child be at the same stage of development that they are at now?
b. *Probe:* improved speech/ communication skills, improved social skills, improved motor skills, prepared for success

Closing Questions

15. Is there anything about the interview that you would like to add or clarify?
16. Do you have any final thoughts you would like share?

Interview Guide – Executive Director

Topical area 1: Background

1. How long have you worked at Giant Steps?
    a. Why did you decide to work at Giant Steps?
2. What is your role as Executive Director?
    a. What is your background in ASD?
    b. What is your background in inclusive practices?
3. What is the purpose of Giant Steps?
    a. *Probe:* mission statement, philosophy
    b. *Prompt:* what is Giant Steps inclusion philosophy?
4. How does a student come to be a student at Giant Steps?
    a. How do parents or teachers find out about Giant Steps?
    b. Are students recommended to you?
    c. Do students have to pay tuition to attend this school?

Topical area 2: Giant Steps (academics, therapies, support)

5. What does a program at Giant Steps for a student look like?
    a. Is there are standardized program of treatment for all students or are they individualized?
    b. Does each child have an individualized education plan at Giant Steps?
    c. Are therapies placed into that plan or does Giant Steps have their own IEP? (if yes, what is it?)
6. Why do students start off at Giant Steps without integration into their regular school?
7. How does the school provide the students with the tools and skills they will need to be successful in an inclusive classroom?
    a. *Prompt:* what is the role of the therapy team in developing these skills?
        i. *Probe:* speech, motor movements, social skills
    b. *Prompt*: Do you provide staff with training in working with individuals with ASD and preparing individuals for inclusive classrooms?
    c. *Prompt:* Who else is involved in the process?
        i. *Probe:* teachers, parents, program assistants

Topical area 3: Inclusion

8. How would you define the word inclusion?
    a. How do you integrate students back into their inclusion school? Are there a set of steps that Giant Steps follows to lead students towards inclusion?
    b. How do you know when a child is ready to be integrated back into the inclusive classroom? Is there a set standard time or is it different for every student?
    c. What would prevent a child with ASD from being re-integrated?
9. How does the therapy team decide which tools and skills are necessary to be successful in an inclusive classroom?
    a. Are these tools and skills the same for every student or different?
    b. Do you use any formal tool that looks at readiness for inclusion?
        i. *Probe:* assessment
    c. Does Giant Steps do anything with the inclusive classroom to prepare the way for its students?
    d. *Probe:* Peer training, in class training, program assistant support?

Topical area 4: Education System

10. What makes Giant Steps unique from inclusive schools and programs for children with ASD?
    a. What does this school provide students with ASD that other schools and programs don't?
11. Why was Giant Steps created?
    a. *Probe:* lack of support for students with ASD?
    b. Who was responsible for creating Giant Steps?
    c. *Prompt:* Why aren't there any other Giant Steps in Ontario?

d. *Prompt:* Do you believe that other school boards could benefit from having a Giant Steps associated with them?

12. What is value of being associated with the York Region School Board?

Closing Questions

13. Is there anything about the interview that you would like to add or clarify?
14. Do you have any final thoughts you would like share?

Interview Guide – Therapists

Topical area 1: Background

1. Can you tell me about your background in Autism from your earliest experience up until when you started at Giant Steps?
    a. Prompt: how long have you worked at GST?
    b. What type of therapy do you provide here at Giant Steps?
    c. Prompt: if they worked in other areas how does that differ from GST
2. Why did you become involved with ASD

Topical area 2: Giant Steps (academics, therapies, support)

3. Can you take me through a typical day for you at GST
    a. Prompt: roles duties
    b. Do you work with the teachers and program assistants to guide the students' programs?
    c. Is there a sense of community within your school team? Can you describe the community for me?
        i. *Probe*: working together towards the same goal for a student
4. You've discussed your own role here at GST now I want to learn about your role in relation to the rest of the GST staff
    a. What is your level of interaction with the other staff
        i. Can you give me an example
        ii. Is there any times when there was an issue coming to an agreement
        iii. How did you come to an agreement
5. Now that you've discussed the staff dynamic here I want to learn about the student dynamic. Based on your observations and interactions with the students how would you describe the dynamic between the students?
    a. Do they interact?
6. Based on the student dynamics that you just described how would you compare it to a student dynamic at a home school?

Topical area 3: Inclusion- the process of how it works

7. What is your personal definition of inclusion
8. In what way does your therapy prepare students for inclusion
    a. How do you know when a child is ready
9. Can you tell me about a particular student that you can think of how was successful in inclusion
10. Can you think of a time a student wasn't as successful?
11. How do you support their integration into an inclusive classroom
    a. Level of involvement
12. Overall do you believe that the student makes or breaks a successful inclusion or are there other factors that can affect this?

Closing Questions

13. Is there anything about the interview that you would like to add or clarify?
14. Do you have any final thoughts you would like share?

Interview Guide – Program Assistants

Topical area 1: Background

1. How long have you worked at Giant Steps for?
2. What is your background in ASD?
    a. Have you had any prior training in working with individuals with ASD?
3. What is your background in inclusive education?
    a. Have you have any prior training in preparing individuals for inclusive classrooms
4. What is your role at Giant Steps?

Topical area 2: Giant Steps (academics, therapies, support)

5. What is your role in supporting students at Giant Steps?

Topical area 3: Inclusion

6. What does inclusion mean to you?
7. How would you describe the inclusive philosophy at Giant Steps?
8. How do you prepare the students for re-integration?
    a. Does Giant Steps prepare students for full-time inclusion? How?
9. What is your role when re-integrating a child back into the inclusive class?
    a. When do you know a student is ready to begin transitioning back to their inclusive class?
    b. What do you consider a success re-integration for a student?
10. Do you help your student become accepted by their peers?
    a. How?
    b. *Prompt:* How do the students form peer friendships? Are you involved in the process?

Topical area 4: Education System

11. What role do you play in assisting the homeroom teacher with learning to support and educate your student with ASD?
12. Does Giant Steps differ from other programs and schools?
    a. How?
13. What is the value of Giant Steps in preparing students to be successful in an inclusive classroom?

Closing Questions

14. Is there anything about the interview that you would like to add or clarify?
15. Do you have any final thoughts you would like share?

Interview Guide – Teachers

Topical area 1: Background

1. How long have you worked at Giant Steps?
    a. Do you work for Giant Steps or York Region School Board?
2. What is your background in ASD?
    a. What training do you have in educating individuals with ASD?
    b. *Probe:* AQ courses, conferences
3. What is your background in inclusion?
    a. Have received any type of training to prepare students for inclusive classrooms

Topical area 2: Giant Steps (academics, therapies, support)

4. What does a typical teaching day look for you at Giant Steps?
5. How would you describe the student dynamics within your classroom?
    a. *Prompt:* Are students friends with one another in your class? Do students interact with one another?
6. How would you describe the dynamics between the staff at Giant Steps?
    a. *Prompt:* Do you work together to program for the students?
7. How do you think the students feel about attending Giant Steps

Topical area 3: Inclusion

8. What does inclusion mean to you?
    a. What does an inclusive classroom look like to you?
9. How do you support inclusion at Giant Steps and at the inclusion schools?
10. Can you tell me about a particular student that you can think of who was successful at reintegrating into an inclusive classroom?
    a. What was that reintegration process like?
    b. Why do you think that student was successful?
11. Can you tell me about a time when a student wasn't successful reintegrating?
    a. What was that reintegration process like?
    b. Why do you think that student was unsuccessful?
12. Have you ever taught in a regular school?
    a. How does that experience differ from teaching at Giant Steps
    b. How does teaching students with ASD differ from teaching students without ASD?
13. What is your role in preparing these students for inclusion?
    a. How do you prepare students for re-integration?
    b. How do you know when a student is ready to start the re-integration process? Are any formal assessment tools used?

Topical area 4: Education System

14. Do you work with the classroom teacher at the inclusion school to prepare him/her for receiving their new student?
    a. If yes, how do you work with them?
15. What is the value of Giant Steps in preparing students to be successful in an inclusive classroom?

Closing Questions

16. Is there anything about the interview that you would like to add or clarify?
17. Do you have any final thoughts you would like share?

Interview Guide – Second round follow-up interviews (generic*)

Topical Area 1: Inclusion

1. What makes a successful inclusion?
    a. If you had to make a list of necessary factors to create a successful inclusion what you put on your list?
2. What is the purpose of inclusion?

Topical Area 2: GST

1. Can you explain specifically what GST does to prepare students for inclusion?
    a. Is there one person who is responsible for preparing students for inclusion?
2. What would you say is the benefit of having academics and therapies offered in the same school? In terms of preparing students with ASD for inclusion?
3. Of all the different areas taught and worked on at GST where do you think successful inclusion ranks? Why?
4. Could you describe for me your role in regards to student inclusion?

Topical Area 3: Factors to inclusion

1. What role do you think the peers at home schools play in creating a successful inclusion setting?
2. What roles does the home teacher play in creating a successful inclusion setting?
3. What are the factors you look for when integrating a student into inclusion to see if the placement is being successful?
4. How do you think the students with ASD value inclusion?

*each follow-up interview guide was customized based each participant's first interview

Appendix G

Data Audit Trail

Theme/Sub-theme	Inductive/ Deductive	Explanation	Examples from the data
Theme 1: Program aspects of Giant Steps	Deductive	The first major theme examined the unique characteristics of the Giant Steps program and how the program can be distinguished from other programs. Since the researcher had previous experience with Giant Steps prior to the research study and due to the use of Bronfenbrenner's Model of Human Development, this theme was deductive. The researcher went into each interview with previous knowledge about the program and hoping to establish how the various aspects of the program fit into Bronfenbrenner's Model of Human Development and the different systems within the model.	While most classrooms are either defined as inclusive or self-contained (Ministry of Education, 2007), the Giant Steps program is unique in the fact that it is a self-contained school intended to promote inclusion. Giant Steps staff also support students through providing "direct therapies as well as academic support, in order to better prepare the students to go into a classroom where they may only receive consultation of service for speech and OT [occupational therapy]." (Katrina, Teacher)
Sub-theme 1: Self-contained preparation for inclusion	Deductive	The researcher selected Giant Steps to be the case study of the research project because she was aware of the unique program and how it was a self-contained program that promoted and prepared students for inclusion. The self-contained environment that also prepared students for inclusion homeschools represented two different microsystems and thus fit into Bronfenbrenner's model of human development.	The goal for all students who attend the school is to eventually transition into an inclusive classroom (Giant Steps Inc., n.d.). "Students are part of two environments their homeschool and Giant Steps so therefore they are partially participating in inclusion until they leave Giant Steps." (Jessica, ED) Jessica (ED) described the unique Giant Steps environment as "partial participation" within a self-contained environment.
Sub-theme 2: Individualized program goals	Deductive	While conducting the literature review the researcher became aware that all students in Ontario diagnosed with ASD are provided with an Individual Education Plan (IEP) and thus was aware that there would be individual	At Giant Steps, there are academic goals that focus on curriculum grade level expectations and Assessment for Basic Language and Learning Skills (ABLLS) expectations: "We use a combination of the ABLLS and the Ontario curriculum and I

		program goals and plans developed for each student who attended the Giant Steps program. Since the researcher was aware of IEPs, interview questions were developed to learn and acquire a more in-depth knowledge of Giant Steps IEPs and how they were used to support the student in developing the necessary skills to transition back into their homeschool.	combine the two so that the kids are getting the best of both worlds. They're getting foundation skills that they need because of their diagnosis, but then they're also getting curriculum goals that they can use when they go back to inclusion." (Sara, Teacher) Sara (Teacher) explained the importance of listening and self-advocacy: "The kids are taught that what the teacher says in the room is what we need to do. The program assistants are really good at redirecting them back to the teacher to get their help. We do that so that the kids when they go to [inclusion] are able to seek help by themselves, and they can self-advocate for themselves better."
Sub-theme 3: Staff expertise and knowledge exchange	Deductive	The researcher had prior knowledge that there were different experts who worked at Giant Steps based on their positions at Giant Steps. This knowledge was then shown and the knowledge exchange then came out through the interview process and helped to develop how the researcher viewed a number of different mesosystems that existed within Giant Steps.	"Everyone's very knowledgeable when it comes to [ASD], we all have very specific skills in that area, whereas in another school people may have more general skills for a wider range of disabilities or challenges but here we're very specific to a population which I think also helps." (Vanessa, Therapist) "No one person is supposed to know everything, that's why there are so many different experts in their field to support one another" (Jessica, ED).
Theme 2: Holistic approach	Inductive	Giant Steps provides students a holistic program through the development of the whole child and through the team approach that is used to support each student in their learning. While it was known to the researcher prior to the beginning of the case study that there was a team who worked with the students, the concept of developing the whole child and providing a holistic program was an emergent finding from the case study.	"To use therapy and academics together to develop some kind of a program that supports the children adequately is what makes this school so special." (Jessica, ED) "It's like having a recipe. If you forget to put the salt into the cake it's not going to taste right so we look at a little bit of OT [occupational therapy], a little bit of academics, a little bit of communication because we want to treat the whole child and put together that collective approach." (Jessica, ED)
Subtheme 1: Collaborative/	Inductive	It was found that the different experts at Giant Steps engaged	"The participants in this case study recognized parents as "part of the team

Team Approach		collaboratively and developed their program goals together to assist the student in developing holistically. The teachers and therapists were confirmed to be experts within the Giant Steps team, but it was emergently found that parents and program assistants were also integral members of the team and considered experts in their own rights. The emergent findings regarding parents and program assistants as key team members contrasts the literature which tends to disregard them as part of the support team for students for exceptionalities.	too, they have to approve of the goals that we've suggested" (Rachel, Therapist). "We meet with the family and make sure that the family is comfortable and ready for that initial inclusion piece. Then we meet with the [home] school, and that would be the principal" (Jessica, ED). "We try to include everyone in the planning and developing of program goals for our students so homeschool teachers, SERTs [special education resource teachers] and principals are always invited to attend our planning meetings" (Jessica, ED). "The program assistant is the one that's there, they're my eyes there and they're trained, they're educated… to go out and make the whole thing come together out at [the inclusion] school" (Sara, Teacher).
Subtheme 2: Role Perception and Enactment	Inductive	Once again, while the researcher was aware of the different staff positions at Giant Steps, the actual process of how the staff worked together and how the homeschool staff and family were also part of the team approach was discovered during data analysis. Therefore, how participants viewed their role and the roles of others as well as how they enacted their role within the Giant Steps team were emergent findings.	"[I communicate] with the classroom teacher and program assistant to find out what's happening in the class and then I can modify or adapt the programming materials with the program assistant. And then I do school visits, at least once a term, to support the classroom teacher and the students and the staff, the Giant Steps staff, to make it successful." (Katrina, Teacher) "It's more of a consultant role but it's an active consultant role it's not like [therapists] can't interact with the children [they] can definitely model how to interact with them. It's kind of like wearing many hats so... [the therapists] can be program assistant for few minutes to show them what would be a great idea to work on with this child." (Rachel, Therapist)
Theme 3: Inclusion not integration	Deductive	The researcher chose to examine Giant Steps as a case study because it was a self- contained environment that promoted	"Inclusion means exactly as the word would indicate – you are included, you're an equal participant; as opposed to integration where you pull

		inclusion. As a result, this theme was the result of deductive analysis as the researcher set out to explore how inclusion was perceived and defined by participants within Giant Steps.	up a desk within a classroom and you take up physical space but you're not actively involved within the classroom. So that's why we at Giant Steps call it inclusion as opposed to integration." (Jessica, ED) "Some of our students I think prior to coming to Giant Steps were at a general classroom environment that they were mostly just sitting and trying to be quiet and that's not really inclusion, right? So to make sure that they're participating as much as possible in classroom activities and social activities that they have a lot of opportunities throughout the day that they're successful there to the best that they can be." Rachel (Therapist)
Subtheme 1: Creating an inclusive learning environment	Inductive	The researcher was unaware the steps Giant Steps staff took in the homeschool to promote inclusion. An emergent finding within the data was that Giant Steps staff enters the homeschool prior to their students transitioning back to their homeschool and meet with the homeschool staff and students to help educate them on what it means to have ASD and how to be an inclusive classroom.	"The [homeschool] teacher has to make it all work." It is ultimately the homeroom teacher who dictates the inclusivity of their classroom." (Sara, Teacher) "I think it's important that children are educated on what Autism is because sometimes if you don't know the kids you might just think 'oh this child is weird' and they don't want to talk with them, they don't want to play with them. But if they understand what it is, kids are more willing to involve them if they understand why someone acting a certain way." (Vanessa, Therapist)
Subtheme 2: Establishing peer relationships	Inductive	The researcher emergently found that social inclusion was highly valued by participants in terms of ensuring an inclusion placement was successful. The value of social inclusion was not identified within the literature.	"For kids to want to develop friendships with the students from Giants Steps. We want it to be a positive experience for everybody, in order for them to develop more friendships, relationships outside of school" (Katrina, Teacher) Inclusion provides Giant Steps students with "an opportunity to be around typically depending children in regards to their social skills… just initiating conversations, and learning what it means to be a friend and that

			sort of thing." (Vanessa, Therapist) "The main goal of inclusion is to improve our students in social skills. Individuals with Autism find some types of social interaction challenging, so we need to prepare them at school so that they're able to interact with other students, and to get them ready for life-long interaction so that they're able to be active participants in the community." (Jessica, ED)